

# **Minimum Standards for Licensed and Registered Child-Care Homes**

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Child Care Regulation



Texas Health and Human  
Services Commission

March 2023

# Table of Contents

Table of Contents .....	2
Introduction .....	5
Minimum Standards .....	5
Deficiencies.....	5
Weights.....	5
Maintaining Compliance .....	6
The Inspection.....	6
Technical Assistance.....	6
Investigations .....	7
Your Rights and Entitlements .....	7
For Further Information .....	7
Subchapter A, Purpose, Scope, and Definitions .....	8
Division 1, Purpose .....	8
Division 2, Scope .....	8
Division 3, Definitions .....	11
Subchapter B, Administration and Communication.....	21
Division 1, Primary Caregiver Responsibilities .....	21
Division 2, Required Notifications.....	26
Division 3, Required Postings .....	33
Division 4, Operational Policies.....	35
Subchapter C, Record Keeping.....	39
Division 1, Records of Children .....	39
Division 2, Records of Accidents and Incidents.....	50
Division 3, Records that Must be Kept on File at the Child-Care Home.....	53
Division 4, Records on Caregivers and Household Members.....	56
Subchapter D, Personnel .....	60
Division 1, Primary Caregiver Qualifications for a Registered Child-Care Home .....	60
Division 2, Primary Caregiver Qualifications for a Licensed Child-Care Home .....	64
Division 3, Assistant and Substitute Caregivers .....	77
Division 4, Professional Development .....	81
Division 5, Household Members, Volunteers, and People who Offer Contracted Services.....	100
Division 6, General Responsibilities for Caregivers and Household Members .....	103
Subchapter E, Child/Caregiver Ratios and Group Sizes .....	107
Division 1, Determining Child/Caregiver Ratios and Group Sizes .....	107
Division 2, Regular Ratios and Group Sizes in the Registered Child-Care Home .....	110

Division 3, Regular Ratios and Group Sizes in the Licensed Child-Care Home .....	112
Division 4, Ratios for Field Trips .....	116
Division 5, Ratios for Water Activities .....	118
Subchapter F, Developmental Activities and Activity Plan .....	123
Subchapter H, Basic Care Requirements for Infants .....	131
Subchapter I, Basic Care Requirements for Toddlers .....	148
Subchapter J, Basic Care Requirements for Pre-Kindergarten Age Children .....	151
Subchapter K, Basic Care Requirements for School-Age Children .....	155
Subchapter L, Discipline and Guidance .....	159
Subchapter M, Naptime .....	162
Subchapter N, Field Trips .....	165
Subchapter P, Nighttime Care .....	167
Subchapter Q, Nutrition and Food Service .....	170
Subchapter R, Health Practices .....	178
Division 1, Environmental Health .....	178
Division 2, Diaper Changing .....	189
Division 3, Illness and Injury .....	192
Subchapter S, Safety Practices .....	200
Division 1, Safety Precautions .....	200
Division 2, Medication and Medical Assistance .....	204
Division 3, Animals at My Child-Care Home .....	209
Division 4, First-Aid Kits .....	211
Division 5, Release of Children .....	213
Division 6, Product Safety .....	215
Subchapter T, Physical Facilities .....	217
Division 1, Indoor Space Requirements .....	217
Division 2, Outdoor Space Requirements .....	222
Division 3, Toilets and Sinks .....	226
Division 4, Furniture and Equipment .....	229
Subchapter U, Indoor and Outdoor Active Play Space and Equipment .....	232
Division 1, Minimum Safety Requirements .....	232
Division 2, Swings .....	236
Division 3, Playground Use Zones .....	238
Division 4, Playground Surfacing .....	242
Division 5, Inflatables .....	244

Subchapter V, Swimming Pools, Wading/Splashing Pools, and Sprinkler Play.....	245
Subchapter W, Fire Safety and Emergency Practices .....	251
Division 1, Fire Inspection .....	251
Division 2, Emergency Preparedness .....	251
Division 3, Fire Extinguisher and Smoke Detection System .....	257
Division 4, Gas and Propane Tanks .....	260
Division 5, Heating Devices .....	261
Division 6, Carbon Monoxide Detection Systems .....	262
Subchapter X, Transportation.....	265
Appendix I: Definitions.....	277
Appendix II, Vaccine-Preventable Diseases .....	281

# Introduction

## Minimum Standards

The minimum standards tell you (the child care operation permit holder) what requirements you, your employees, and your caregivers must follow.

These minimum standards:

- were developed by the Texas Health and Human Services Commission (HHSC) with the assistance of child-care operations, parents, stakeholders, and other experts in a variety of fields;
- reflect what the citizens of Texas consider reasonable and minimum; and
- meet the guidelines set forth in Chapter 42 of the Texas Human Resources Code (law) for what must be included in the minimum standards.

The Administrative Procedure and Texas Register Act requires that proposed minimum standards be published for public comment before they are adopted as rules. All members of the public, including providers, are encouraged to provide input when proposed minimum standards are published for public comment. The commission considers recommendations from interested persons or groups in formulating the final draft, which is filed as rules with the Secretary of State.

## Deficiencies

A deficiency is any failure to comply with a minimum standard, rule in Texas Administrative Code Chapter 745, law, specific term of the permit, or specific condition of probation or suspension.

## Weights

The minimum standards and rules are weighted based on a common understanding of the risk to children presented if the standard or rule is violated. The weights are high, medium-high, medium, medium-low, and low. The assigned weights do not change based on the scope or severity of an actual deficiency. Scope and severity are assessed by Child Care Regulation (CCR) staff, documented, and considered in conjunction with the weight when making CCR decisions. *You will see the weight is noted at the end of each standard or subsection in green. Only those minimum standards and rules which can be cited as a deficiency are weighted. For example, the minimum standard prohibiting physical discipline is weighed but standards that are definitions are not weighted.*

# Maintaining Compliance

It is essential that you, your employees, and your caregivers recognize four critical aspects of CCR's efforts to protect the children in care and to help operation employees and caregivers comply with the law, rules, and standards. The four aspects are:

- Inspection
- Technical assistance
- Investigations
- Caregiver's rights and entitlements

## The Inspection

Various aspects of regulated operations are evaluated for compliance with the minimum standards, rules, and law during regular inspections. The emphasis on these inspections is to prevent risk to children in care. The frequency of inspections will fluctuate depending on the type of permit and **the operation's history of compliance with the minimum standards, rules, and law.**

During any inspection, if we find that your operation does not meet minimum standard, rule, or law, the deficiencies are discussed with the person in charge at the time of the inspection. You will be given an opportunity to correct deficiencies within a specified period of time. If you have questions, concerns, or disagree with the citation, we encourage you to talk with us before we leave your operation. If your concerns are not resolved, you may request an administrative review.

## Technical Assistance

We are available to offer consultation to potential applicants, applicants, and permit holders regarding how to comply with minimum standards, rules, and laws. While we most often provide technical assistance during inspections and investigations, technical assistance can be requested at any time.

The Child Care Regulation section of the HHSC website has a Technical Assistance Library that allows you to view or download information about a variety of topics related to child care. You can view it by going to <https://hhs.texas.gov/doing-business-hhs/provider-portals/protective-services-providers/child-care-licensing> and selecting *Technical Assistance Library* from the Resources section.

A feature of the minimum standards publication are the Technical Assistance boxes that follow certain minimum standards to provide additional guidance, clarification, resources, and/or best practices related to the applicable rule.

## Investigations

When a report alleges a violation of minimum standards, rule, or law, CCR must investigate the report, notify you of the investigation, and provide a written report to you of the investigation results within prescribed time frames.

When a report alleges abuse, neglect, or exploitation, the Department of Family and Protective Services must investigate the report, notify you of the investigation, and provide a written report to you of the investigation results within prescribed time frames.

## Your Rights and Entitlements

### Waivers and Variances

You may request a waiver if your operation is unable to comply with a standard for economic reasons. You may request a variance if your operation wishes to meet the intent of a standard in a way that is different from what the standard specifies. Waiver and variance requests are submitted through your online provider account or made in writing to your assigned CCR inspector.

### Administrative Review

If you disagree with a CCR decision or action, you may request an administrative review, during which you are given an opportunity to show compliance with applicable minimum standard, rule, law, action, permit restriction(s) and/or permit condition(s).

### Appeals

You may request an appeal hearing on a CCR decision to deny an application, revoke, suspend, or refuse to renew a permit or a condition placed on the permit after initial issuance.

Appeal hearings are conducted by the State Office of Administrative Hearings (SOAH).

## For Further Information

It is important that you, your employees, and your caregivers clearly understand the purpose of **minimum standards and the reasons for CCR's inspections and investigations**. **Do not hesitate to** ask us questions that will help you understand any aspect of our regulation. You may obtain information about minimum standards or procedures by calling your local CCR office or by visiting the HHSC Website at <https://hhs.texas.gov/doing-business-hhs/provider-portals/protective-services-providers/child-care-licensing>.

## Subchapter A, Purpose, Scope, and Definitions

### Division 1, Purpose

§747.101. What is the purpose of this chapter?

*Subchapter A, Purpose, Scope, and Definitions*

*Division 1, Purpose*

*September 2003*

The purpose of this chapter is to set forth the minimum standards that apply to child-care homes.

### Division 2, Scope

§747.111. What types of operations do these minimum standards apply to?

*Subchapter A, Purpose, Scope, and Definitions*

*Division 2, Scope*

*April 2017*

The minimum standards in this chapter apply to:

- (1) Child-care homes registered or licensed by us to care for 12 or fewer children in the caregiver's own home for less than 24 hours per day; and
- (2) Any unlicensed child-care home that requires a registration or license per the Human Resources Code, Chapter 42, because the home is providing child-care services.



## §747.113. What is a registered child-care home?

*Subchapter A, Purpose, Scope, and Definitions*

*Division 2, Scope*

*April 2017*

- (a) In a registered child-care home, the registered primary caregiver provides care in the caregiver's own residence for not more than six children from birth through 13 years, and may provide care after-school hours for not more than six additional elementary school children. The total number of children in care at any given time, including the children related to the caregiver, must not exceed 12.
- (b) A registered child-care home includes the program, building, grounds, furnishings, and equipment.

## §747.115. What is a licensed child-care home?

*Subchapter A, Purpose, Scope, and Definitions*

*Division 2, Scope*

*April 2017*

- (a) In a licensed child-care home, the licensed primary caregiver provides care in the caregiver's own residence for children from birth through 13 years, unless the operation was licensed as a group day care home prior to September 1, 2003.
- (b) A child-care home licensed as a group day care home prior to September 1, 2003, may provide care at a location other than the primary caregiver's own residence, until the permit is no longer valid. A location, other than the primary caregiver's own residence, is subject to the minimum standards in this chapter and, if applicable, the conditions specified in §745.373 of this title (relating to May I have more than one licensed child-care home?).
- (c) The total number of children in care varies with the ages of the children, but the total number of children in care in a licensed child-care home at any given time, including the children related to the caregiver, must not exceed 12.
- (d) A licensed child-care home includes the program, building, grounds, furnishings, and equipment.

## §747.117. Who is responsible for complying with these minimum standards?

*Subchapter A, Purpose, Scope, and Definitions*

*Division 2, Scope*

*April 2017*

- (a) For a registered child-care home, the permit holder must ensure compliance with all minimum standards in this chapter at all times, with the exception of any minimum standard identified:
  - (1) Only for licensed child-care homes [Medium-High]; or
  - (2) For specific types of child-care programs or activities the child-care home does not offer, such as transportation or swimming activities. [Medium-High]
- (b) For a licensed child-care home, the permit holder must ensure compliance with all minimum standards in this chapter at all times, with the exception of any minimum standard identified:
  - (1) Only for registered child-care homes [Medium-High]; or
  - (2) For specific types of child-care programs or activities the child-care home does not offer, such as transportation or swimming activities. [Medium-High]
- (c) For a child-care home that is subject to Licensing's regulation under this chapter but does not have the appropriate registration or license, the owner, other person overseeing the child-care services, or controlling person who has the ability to influence or direct the home's management, expenditures, or policies must ensure compliance with all minimum standards in this chapter as described in (a) and (b) of this section. [Medium-High]

## Division 3, Definitions

### §747.121. What do certain pronouns mean when used in this chapter?

*Subchapter A, Purpose, Scope, and Definitions*

*Division 3, Definitions*

*March 2023*

The following words have the following meanings when used in this chapter:

- (1) I, my, you, and your – A permit holder who is the primary caregiver in a licensed or registered child-care home, unless otherwise stated.
- (2) We, us, our, and Licensing – The Child Care Regulation department of the Texas Health and Human Services Commission (HHSC).

### §747.123. What do certain words and terms mean when used in this chapter?

*Subchapter A, Purpose, Scope, and Definitions*

*Division 3, Definitions*

*March 2023*

The words and terms used in this chapter have the meanings assigned to them under §745.21 of this title (relating to What do the following words and terms mean when used in this chapter?), unless another meaning is assigned in this section or another subchapter or unless the context clearly indicates otherwise. In addition, the following words and terms used in this chapter have the following meanings unless the context clearly indicates otherwise:

- (1) Activity plan - A written plan that outlines the daily routine and activities in which a group of **children will engage while in your care. The plan is designed to meet the children’s cognitive, social, language, emotional, and physical developmental strengths and needs.**
- (2) Activity space – An area or room used for children's activities.

- (3) Administrative and clerical duties – Duties that involve the operation of a child-care home, such as bookkeeping, enrolling children, answering the telephone, and collecting fees.
- (4) Admission – The process of enrolling a child in a child-care home. The date of admission is the first day the child is physically present in the home.
- (5) Adult – A person 18 years old and older.
- (6) After-school hours – Hours before and after school, and days when school is not in session, such as school holidays, summer vacations, and teacher in-service days.
- (7) Age-appropriate – Activities, equipment, materials, curriculum, and environment that are developmentally consistent with the developmental or chronological age of the child being served.
- (8) Attendance – When referring to a child's attendance, the physical presence of a child at the child-care home on any given day or at any given time, as distinct from the child's enrollment in the child-care home.
- (9) Bouncer seat – A stationary seat designed to provide gentle rocking or bouncing motion by an infant's movement, or by battery-operated movement. This type of equipment is designed for an infant's use from birth until the child can sit up unassisted.
- (10) Caregiver – A person who is counted in the child to caregiver ratio, whose duties include the supervision, guidance, and protection of a child. As used in this chapter, a caregiver must meet the minimum education, work experience, and training qualifications required under Subchapter D of this chapter (relating to Personnel).
- (11) Certified Child-Care Professional Credential – A credential given by the National Early Childhood Program Accreditation to a person working directly with children. The credential is based on assessed competency in several areas of child care and child development.
- (12) Certified lifeguard – A person who has been trained in life saving and water safety by a qualified instructor, from a recognized organization that awards a certificate upon successful completion of the training. The certificate is not required to use the term "lifeguard," but you must be able to document that the certificate is current, relevant to

the type of water activity in which children will engage, and representative of the type of training described.

- (13) CEUs - Continuing education units. A standard unit of measure for adult education and training activities. One CEU equals 10 clock hours of participation in an organized, continuing-education experience, under responsible, qualified direction and instruction. Although a person may obtain a CEU in many of the same settings as clock hours, the CEU provider must meet the criteria established by the International Association for Continuing Education and Training to be able to offer the CEU.
- (14) Child – An infant, a toddler, a pre-kindergarten age child, or a school-age child.
- (15) Child-care home - A registered or licensed child-care home, as specified in §747.113 of this chapter (relating to What is a registered child-care home?) or §747.115 of this chapter (relating to What is a licensed child-care home?). This term includes the program, home, grounds, furnishings, and equipment.
- (16) Child-care program – The services and activities provided by a child-care home.
- (17) Child Development Associate Credential – A credential given by the Council for Professional Recognition to a person working directly with children. The credential is based on assessed competency in several areas of child care and child development.
- (18) Clock hour – An actual hour of documented:
  - (A) Attendance at instructor-led training, such as seminars, workshops, conferences, early childhood classes, and other planned learning opportunities, provided by an individual or individuals as specified in §747.1315(a) of this chapter (relating to Must child-care training meet certain criteria?); or
  - (B) Self-instructional training that was created by an individual or individuals, as specified in §747.1315(a) and (b) of this chapter, or self-study training.
- (19) Corporal punishment – The infliction of physical pain on a child as a means of controlling behavior. This includes spanking, hitting with a hand or instrument, slapping, pinching, shaking, biting, or thumping a child.

- (20) Days - Calendar days, unless otherwise stated.
- (21) Employee – An assistant caregiver, substitute caregiver, or any other person a child-care home employs full-time or part-time to work for wages, salary, or other compensation, including kitchen staff, office staff, maintenance staff, or anyone hired to transport a child.
- (22) Enrollment – The list of names or number of children who have been admitted to attend a child-care home for any given period of time; the number of children enrolled in a child-care home may vary from the number of children in attendance on any given day.
- (23) Entrap - A component or group of components on equipment that forms angles or openings that may trap a child's head by being too small to allow the child's body to pass through, or large enough for the child's body to pass through but too small to allow the child's head to pass through.
- (24) Field trips – Activities conducted away from the child-care home.
- (25) Food service – The preparation or serving of meals or snacks.
- (26) Frequent – More than two times in a 30-day period. Note: For the definition of "regularly or frequently present at an operation" (child-care home) as it applies to background checks, see §745.601 of this title (relating to What words must I know to understand this subchapter?).
- (27) Garbage – Waste food or items that when deteriorating cause offensive odors and attract rodents, insects, and other pests.
- (28) Grounds - Includes any parcel of land where the home of the primary caregiver is located and any building, other structure, body of water, play equipment, street, sidewalk, walkway, driveway, parking garage, or parking lot on the parcel. Also **referred to as "premises" in this chapter.**
- (29) Group activities – Activities that allow children to interact with other children in large or small groups. Group activities include storytelling, finger plays, show and tell, organized games, and singing.

- (30) Hazardous materials - Any substance or chemical that is a health hazard or physical hazard, as determined by the Environmental Protection Agency. Also **referred to as "toxic materials" and "toxic chemicals" in this chapter.**
- (31) Health-care professional - A licensed physician, a licensed advanced practice registered nurse (APRN), a licensed vocational nurse (LVN), a licensed registered nurse (RN), or other licensed medical personnel providing health care to the child within the scope of the license. This does not include physicians, nurses, or other medical personnel who are not licensed in the United States or in the country in which the person practices.
- (32) Health check – A visual or physical assessment of a child to identify potential concerns about a child's health, including signs or symptoms of illness and injury, in response to changes in the child's behavior since the last date of attendance.
- (33) High school equivalent -
- (A) Documentation of a program recognized by the Texas Education Agency (TEA) or other public educational entity in another state, which offers similar training on reading, writing, and math skills taught at the high school level, such as a General Educational Development (GED) certificate; or
  - (B) Confirmation that the person received home-schooling that adequately addressed basic competencies such as basic reading, writing, and math skills, which would otherwise have been documented by a high school diploma.
- (34) Individual activities – Opportunities for the child to work independently or to be away from the group, but supervised.
- (35) Infant – A child from birth through 17 months.
- (36) Inflatable – An amusement ride or device, consisting of air-filled structures designed for use by children, as specified by the manufacturer, which may include bouncing, climbing, sliding, or interactive play. They are made of flexible fabric, kept inflated by continuous air flow by one or more blowers, and rely upon air pressure to maintain their shape.

- (37) Instructor-led training – Training characterized by the communication and interaction that takes place between the student and the instructor. The training must include an opportunity for the student to interact with the instructor to obtain clarifications and information beyond the scope of the training materials. For such an opportunity to exist, the instructor must communicate with the student in a timely fashion, including answering questions, providing feedback on skills practice, providing guidance or information on additional resources, and proactively interacting with students. Examples of this type of training include, classroom training, web-based on-line facilitated learning, video- conferencing, or other group learning experiences.
- (38) Janitorial duties – Those duties that involve the cleaning and maintenance of the child- care home, building, rooms, furniture, etc. Cleaning and maintenance include such duties as cleansing carpets, washing cots, and sweeping, vacuuming, or mopping a restroom or a classroom. Sweeping up after an activity or mopping up a spill in a classroom that is immediately necessary for the children's safety is not considered a janitorial duty.
- (39) Natural environment - Settings that are natural or typical for all children of the same age without regard to ability or disability. For example, a natural environment for learning social skills is a play group of peers.
- (40) Permit is no longer valid – For purposes of this chapter, a permit remains valid through the renewal process. A permit only becomes invalid when your:
- (A) Home voluntarily closes;
  - (B) Home must close because of an enforcement action in Chapter 745, Subchapter L of this title (relating to Enforcement Actions);
  - (C) Permit expires according to §745.481 of this title (relating to When does my permit expire?); or
  - (D) Home must close because its permit is automatically revoked according to the Human Resources Code §§42.048(e), 42.052(i), or 42.054(f).



- (41) Physical activity (moderate) - Levels of activity for a child that are at intensities faster than a slow walk, but still allow the child to talk easily. Moderate physical **activity increases the child's heart rate and breathing rate.**
- (42) Physical activity (vigorous) - Rhythmic, repetitive physical movement for a child that uses large muscle groups, causing the child to breathe rapidly and only **enabling the child to speak in short phrases. Typically, the child's heart rate is** substantially increased, and the child is likely to be sweating while engaging in vigorous physical activity.
- (43) Pre-kindergarten age child -A child who is three or four years of age before the beginning of the current school year.
- (44) Premises -**See the term "grounds" and its definition in** this section.
- (45) Regular – On a recurring, scheduled basis. Note: For the definition of "regularly or frequently present at an operation" (child-care home) as it applies to background checks, see §745.601 of this title.
- (46) Restrictive device – Equipment that places the body of a child in a position that may restrict airflow or cause strangulation; usually, the child is placed in a semi-seated position. Examples of restrictive devices are car seats, swings, bouncy seats, and high chairs.
- (47) Safety belt – A lap belt and any shoulder straps included as original equipment on or added to a vehicle.
- (48) Sanitize – The use of a disinfecting product that provides instructions specific for sanitizing and is registered by the Environmental Protection Agency (EPA) to substantially reduce germs on inanimate objects to levels considered safe by public health requirements. Many bleach and hydrogen peroxide products are EPA-registered. You must follow the product's labelling instructions for sanitizing or disinfecting, depending on the surface (paying particular attention to any instructions regarding contact time and toxicity on surfaces likely to be mouthed by children, such as toys and crib rails). If you use bleach instead of an approved disinfecting product, you must follow these steps in order:
- (A)Washing with water and soap;
  - (B)Rinsing with clear water;
  - (C)Soaking in or spraying on a bleach solution for at least two minutes;

- (D) Rinsing with cool water only those items that children are likely to place in their mouths; and
  - (E) Allowing the surface or item to air-dry.
- (49) School-age child -A child who is five years of age and older and is enrolled in or has completed kindergarten.
- (50) Screen time activity - An activity during which a child views media content on a cell or mobile phone, tablet, computer, television, video, film, or DVD. Screen time **activities do not include video chatting with a child’s family or assistive and adaptive computer technology used by a child with special care needs on a consistent basis.**
- (51) Self-instructional training – Training designed to be used by one individual working alone and at the individual's own pace to complete lessons or modules. Lessons or modules commonly include questions with clear right or wrong answers. An example of this type of training is web-based training. Self-study training is also a type of self-instructional training.
- (52) Self-study training – Non-standardized training where an individual reads written materials, watches a training video, or listens to a recording to obtain certain knowledge that is required for annual training. Self-study training is limited to three hours of annual training per year.
- (53) Special care needs - A child with special care needs is a child who has:
- (A)A chronic physical, developmental, behavioral, or emotional condition or a disability and who also requires assistance beyond that required by a child generally to perform tasks that are within the typical chronological range of development, including the movement of large or small muscles, learning, talking, communicating, comprehension, emotional regulation, self-help, social skills, emotional well-being, seeing, hearing, and breathing; or
  - (B)A limitation due to an injury, illness or allergy.
- (54) State or local fire marshal – A fire official who is authorized to conduct fire safety inspections on behalf of the city, county, or state government, including **certified fire inspectors. Also referred to as “fire marshal” in this chapter.**
- (55) Toddler – A child from 18 months through 35 months.

- (56) Universal precautions – An approach to infection control where all human blood and certain human bodily fluids are treated as if known to be infectious for HIV, HBV, and other blood-borne pathogens.
- (57) Water activities - Related to the use of swimming pools, splashing pools, wading pools, sprinkler play, or other bodies of water.
- (58) Weather permitting -Weather conditions that do not pose any concerns for health and safety such as significant risk of frostbite or heat-related illness. This includes adverse weather conditions in which children may still play safely outdoors for shorter periods with appropriate adjustments to clothing and any necessary access to water, shade, or shelter.

## Technical Assistance

- **Regarding paragraph (19), “corporal punishment” encompasses many types** of physical actions used to inflict pain and the examples provided are not intended to be all inclusive.
- Regarding paragraph (28), if the home is a tenant of the property and also has use of common areas of the property that are shared by other tenants (such as a parking lot, courtyard, swimming pool area, etc.), the home is not responsible for how common areas are maintained. However, the home is responsible for the safety of the children and the continuing supervision of the children.
- Regarding paragraph (30), the [Environmental Protection Agency](#) has additional information about hazardous materials.
- Regarding paragraph (43), the beginning of the current school year is based on the start date of the school district the child attends.
- Regarding paragraph (48):
  - A disinfecting product is a solution of chemicals that kills or inactivates germs when applied as instructed. Disinfectants are registered with the EPA as pesticides because they act against viruses and bacteria, which are microorganisms (what we commonly call germs) that act as pests. Not all disinfectants are effective against all germs. It is important to read the product label, EPA registration information, or check with local public health

## Technical Assistance

authorities if you are concerned about whether a product kills a specific germ. Always follow the manufacturer's instructions when using disinfecting products.

- The use of alternative methods for sanitizing or disinfecting, such as fogging, fumigation, and wide-area or electrostatic spraying are not recommended unless first approved by local or state public health departments. The CDC does not recommend the use of such methods for most cases
- Regarding paragraph (50), "media content" includes:
  - Digital, analog, and live videos;
  - Movies and music videos (including the use of this content in the background when children are engaged in other activities);
  - Animations;
  - Games (digital or video);
  - Graphic or digital photos;
  - Internet searches;
  - E-books;
  - Streaming sites;
  - Software programs;
  - Applications (apps), etc.

Media content does not include electronic sign-in sheets, daily rosters, or schedules displayed on a smart board.

- Regarding paragraph (52) "self-study" is sometimes referred to as "independent study".
- Regarding paragraph (59), [Caring for Our Children: National Health and Safety Performance Standards, 4th Edition](#) has additional guidelines regarding weather conditions and **children's outdoor activities**.

## Subchapter B, Administration and Communication

### Division 1, Primary Caregiver Responsibilities

#### §747.201. Who is a primary caregiver?

*Subchapter B, Administration and Communication*

*Division 1, Primary Caregiver Responsibilities*

*June 2014*

(a) The primary caregiver is the person responsible for ensuring that the home operates in compliance with these minimum standards and the licensing laws. The primary caregiver of a licensed or registered child-care home must:

- (1) Live in the home where care is provided, unless the home was licensed as a group day care home prior to September 1, 2003. Refer to §747.111 of this title (relating to What is a licensed child-care home?); and
- (2) Be the permit holder unless the primary caregiver forms a business entity that is the permit holder for the home.

(b) A permit holder licensed to operate one or more group day care homes prior to September 1, 2003, must designate, on a DFPS form, a person who meets the qualifications in §747.1101 of this title (relating to Who is required to meet the qualifications specified in this division?) to act as the primary caregiver for each licensed child-care home. This exception will not apply to an operation when the permit issued prior to September 1, 2003, is no longer valid.

#### §747.203. As the primary caregiver, may I leave someone else in charge if I cannot be home during all hours of operation?

*Subchapter B, Administration and Communication*

*Division 1, Primary Caregiver Responsibilities*

*September 2003*

Yes. When you are absent from the child-care home, you must designate a substitute caregiver to be in charge of the child-care home. [Medium-High] Substitutes must:

- (1) Know they are in charge and for how long [Medium-High];
- (2) Know their responsibilities while in charge [Medium-High];
- (3) Have access to all essential information to communicate with parents and state and local authorities as needed [Medium]; and
- (4) Have the authority to run the child-care home in compliance with minimum standards. [Medium-High]

## §747.205. Must I be present at my child-care home during all hours of operation?

*Subchapter B, Administration and Communication*

*Division 1, Primary Caregiver Responsibilities*

*September 2003*

As the primary caregiver, you must routinely be present in your child-care home during its hours of operation; however, you may be temporarily absent for limited periods of time for vacations, short-term family emergencies or family business, illness, hospitalization or doctor appointments, jury duty, to attend training, or to attend to child-care business. [Medium-High]

## §747.207. What are my responsibilities as the primary caregiver?

*Subchapter B, Administration and Communication*

*Division 1, Primary Caregiver Responsibilities*

*March 2023*

You are responsible for:

- (1) Developing and implementing your child-care home's operational policies, which comply with or exceed Division 4 of this Subchapter (relating to Operational Policies) [Medium-High];
- (2) Ensuring all assistant caregivers and substitute caregivers comply with the relevant minimum standards for those caregivers, as specified in this chapter, and are provided assignments that match their skills, abilities, and training [Medium-High];
- (3) Ensuring all household members comply with the minimum standards that apply to household members, as specified in this chapter [Medium-High];

- (4) Reporting suspected abuse, neglect, or exploitation directly to the Texas Abuse and Neglect Hotline, as required by Texas Family Code §261.1401. You may not delegate your responsibility to make a report, and you may not require a household member or employee to seek approval to file a report or notify you that a report was made [Medium-High];
- (5) Ensuring parents have the opportunity to visit your child-care home any time during all hours of operation to observe their child, program activities, the home, the grounds, and the equipment, without having to secure prior approval [Medium];
- (6) Initiating background checks as specified in Chapter 745, Subchapter F of this title (relating to Background Checks) [High];
- (7) Ensuring all information related to background checks is kept confidential and not disclosed to unauthorized persons, as required by the Human Resources Code, §40.005(d) and (e) [Medium];
- (8) Complying with the liability insurance requirements in this division [Medium];
- (9) Complying with:
  - (A) The child-care licensing law, found in Chapter 42 of the Human Resources Code [High];
  - (B) All the minimum standards that apply to your licensed or registered child-care home, as specified in this chapter [High];
  - (C) All other applicable laws and rules in the Texas Administrative Code [High]; and
- (10) Ensuring the total number of children in care at the home or away from the home, such as during a field trip, never exceeds the capacity of the home as specified on the license or registration. [High]

Technical Assistance
<ul style="list-style-type: none"> <li>• Children are at risk when adults responsible for them do not clearly understand their roles and responsibilities.</li> <li>• The primary caregiver may accompany any parent who is visiting a child during the <b>child-care home's hours of operation to and from the child's group or may limit the amount of time</b> a parent spends at the home, if the primary caregiver believes this is necessary to protect the children in care.</li> </ul>

## §747.209. What are the liability insurance requirements?

*Subchapter B, Administration and Communication*

*Division 1, Primary Caregiver Responsibilities*

*April 2021*

Unless you have an acceptable reason not to have the insurance, you must:

- (1) Maintain liability insurance coverage in the amount of \$300,000 for each occurrence of negligence that covers injury to a child while the child is on your premises or in your care [Medium]; and
- (2) Provide proof of coverage to Licensing each year by the anniversary date of the issuance of your permit. [Medium]

## §747.211. What are acceptable reasons not to have liability insurance?

- (a) You do not have to have liability insurance that meets the requirements of §747.209 of this division (relating to What are the liability insurance requirements?) if you are unable to carry the insurance because:
  - (1) Of financial reasons;
  - (2) You are unable to locate an underwriter who is willing to issue a policy to the home; or
  - (3) You have already exhausted the limits of a policy that met the requirements.
- (b) If you cannot carry liability insurance or stop carrying the insurance because of a reason listed in subsection (a) of this section, you must send written notification to Licensing by the anniversary date of the issuance of your permit. Your notification must include the reason that you cannot carry the insurance. [Medium]

## §747.213 When must I notify parents that I do not carry liability insurance?

- (a) If you do not carry liability insurance that meets the requirements of §747.209 of this division (relating to What are the liability insurance requirements?), then you must notify the parent of each child in your care in writing that you do not carry liability insurance before you admit the child into your care. [Medium-High]



- (b) If you received your permit before April 25, 2021 and cannot obtain the liability insurance by that date, then you must notify the parent of each child in your care in writing that you do not carry the insurance by May 25, 2021. [Medium-High]
- (c) If you previously carried the liability insurance and subsequently stop carrying the liability insurance, then you must notify the parent of each child in your care in writing that you do not carry the insurance within 14 days after you stop carrying it.
- (d) You may use Form 2962, Verification of Liability Insurance, located on the Licensing provider website, to notify parents. Regardless of whether you use this form, you must be able to demonstrate that you provided written notice to the parent of each child in your care, as required in §747.801(14) of this chapter (relating to What records must I keep at my child-care home?).

#### Technical Assistance

It is important that parents both understand and acknowledge whether your home carries liability insurance. Possible means of communicating this requirement include:

- Using a form specific to liability insurance that requires a parent signature that you **maintain in the child's file;**
- Including a statement or addendum about liability insurance in your operational policies or **parent handbook, and maintain in the child's file a document with a parent signature or initials specifically acknowledging the liability insurance information;** or
- Maintaining a copy of any electronic communication sent to a parent regarding liability insurance, including the date and address to which the communication was sent.

## Division 2, Required Notifications

### §747.301. What changes regarding my child-care home must I notify Licensing about before making the change?

*Subchapter B, Administration and Communication*

*Division 2, Required Notifications*

*April 2017*

You must notify us in writing before:

- (1) Changing the address or location of the child-care home [Medium];
- (2) Adding to or reducing indoor or outdoor space [Medium];
- (3) Adding a swimming pool or other permanent body of water [Medium-High];
- (4) Changing the age range of children to be cared for [Medium-High];
- (5) Changing the hours, days, or months of operation [Medium];
- (6) Offering new services relating to minimum standards found in this chapter, such as nighttime care, transportation, or field trips [Medium];
- (7) Planned closure of five consecutive days or more, during designated hours of operation when the home is not caring for children, with the exception of nationally recognized holidays [Medium]; or
- (8) Going out of business. [Low]

#### Technical Assistance

- As events occur or changes are made to the child-care home, health and safety conditions may change. Licensing may need to verify that minimum standard rules related to the changes are in compliance to ensure the continuing safety of children in care.
- Paragraph (1) requires a new application and permit to operate.
- Paragraphs (2) – (4) require an amended permit.

## §747.303. What other situations require notification to Licensing?

*Subchapter B, Administration and Communication*

*Division 2, Required Notifications*

*March 2023*

- (a) You must notify us as soon as possible, but no later than two days after:
- (1) Any occurrence that renders all or part of your child-care home unsafe or unsanitary for a child [Medium-High];
  - (2) Injury to a child in your care that requires medical treatment by a health-care professional or hospitalization [Medium-High];
  - (3) A child in your care shows signs or symptoms of an illness that requires hospitalization [Medium-High];
  - (4) You become aware that a household member, caregiver, or child in care contracts an illness deemed notifiable by the Texas Department of State Health Services (DSHS) as specified in 25 TAC 97, Subchapter A (relating to Control of Communicable Disease) [Medium-High];
  - (5) A person for whom you are required to request a background check under Chapter 745, Subchapter F of this title (relating to Background Checks) is arrested or charged with a crime [Medium-High];
  - (6) The occurrence of any other non-routine situation that places, or may place, a child at risk for injury or harm, such as forgetting a child in a vehicle or not preventing a child from wandering away from your child-care home unsupervised [High]; and
  - (7) A new individual becomes a controlling person at your operation, or an individual that was previously a controlling person ceases to be a controlling person at your operation. [Medium-High]
- (b) You must notify us immediately if a child dies while in your care. [High]

## Technical Assistance

- Regarding paragraph (a)(1), examples of occurrences that may render a child-care home unsafe or unsanitary include sewer backups, flood, fire or storm damage, or the lack of running water.
- Regarding paragraph (a)(2), this notification does not apply to an injury for which a health-care professional only evaluates a child as a precaution. However, if the home later learns the injury is more serious than initially diagnosed and requires medical treatment, the home is required to report the incident to CCR upon learning of the **change in the child's status**.
- Regarding paragraph (a)(3), this notification applies to situations where the home sends a child to the hospital for an illness. For more information on how to respond when a child in care becomes ill and requires hospitalization, see §747.3405(b).
- Regarding paragraph (a)(4), if you become aware that multiple household members, caregivers, or children have contracted the same communicable illness, you may contact the Texas Department of State Health Services (DSHS) or the local health authority for guidance regarding a potential outbreak at your operation.
- You may access the DSHS list of notifiable communicable diseases at: [Communicable Disease Chart for Schools & Child-Care Centers](#).
- Regarding paragraph (a)(6), many factors determine whether a situation places or may place a child at risk for injury or harm, including the age of the child, proximity of caregivers, surrounding environment, etc. In addition to the examples provided in the rule, other situations may include:
  - Leaving a child unattended in the child-care home;
  - Allowing a child to access hazardous materials; and
  - Allowing a child unsupervised access to a body of water.
- Notifications to CCR may be made:
  - Online 24 hours a day at [http://www.dfps.state.tx.us/Contact\\_Us/report\\_abuse.asp](http://www.dfps.state.tx.us/Contact_Us/report_abuse.asp);
  - By phone 24 hours a day to the Texas Abuse and Neglect Hotline 1-800-252-5400; or
  - By speaking to a CCR employee during business hours at the local office.
- Phone numbers for the local offices can be found at <https://www.hhs.texas.gov/services/safety/child-care/contact-child-care-licensing>.

## §747.305. What emergency and medical situations must I notify parents about?

*Subchapter B, Administration and Communication*

*Division 2, Required Notifications*

*March 2023*

- (a) You must notify the parent of a child immediately if there is an allegation that the child has been abused, neglected, or exploited, as defined in Texas Family Code §261.001, while in your care. [High]
- (b) After you ensure the safety of the child, you must notify the parent of the child immediately after the child:
  - (1) Is injured and the injury requires medical treatment by a health-care professional [Medium-High];
  - (2) Shows signs or symptoms of an illness that requires hospitalization [Medium-High];
  - (3) Has had an emergency anaphylaxis reaction that required administration of an unassigned epinephrine auto-injector [High];
  - (4) Has been involved in any non-routine situation that placed, or may have placed, the child at risk for injury or harm. For example, forgetting the child in a vehicle or failing to prevent the child from wandering away from your child-care home unsupervised [High]; or
  - (5) Has been involved in any situation that renders the child-care home unsafe, such as a fire, flood, or damage to the child-care home as a result of severe weather. [Medium-High]
- (c) You must notify the parent of less serious injuries when the parent picks the child up from your child-care home. Less serious injuries include minor cuts, scratches, and bites from other children requiring first-aid treatment by caregivers. [Medium]

(d) You must provide written notice to the parent of each child attending the child-care home within 48 hours when any child in your care, a caregiver, or a household member has contracted a communicable disease deemed notifiable by the Texas Department of State Health Services as specified in 25 TAC Chapter 97, Subchapter A (relating to Control of Communicable Disease). [Medium-High]

(e) You must notify parents within 48 hours when there is an outbreak of lice or other infestation in the child-care home. [Medium-Low]

#### Technical Assistance

- Communication between the caregiver and parents is essential to both the safe and healthy operation of the child-care home and to the parents' ability to assess the care their children are receiving.
- Regarding paragraph (a), you must notify the parent as soon as you have knowledge of the allegation, including when someone makes an allegation directly to you, when you make a report to DFPS, or when DFPS notifies you of an allegation.
- Regarding paragraph (b)(1), please see §747.3407 for additional requirements for how a child-care home must respond to an injury that requires immediate medical treatment by a health-care professional.
- Regarding paragraph (b)(2), please see §747.3405 for additional requirements for how a child-care home must respond when a child becomes ill while in care.
- Regarding paragraph (b)(4), many factors determine whether a situation places or may place a child at risk for injury or harm, including the age of the child, proximity of caregivers, surrounding environment, etc. In addition to the examples provided in the rule, other situations may include:
  - Leaving a child unattended in the child-care home;
  - Allowing a child to access hazardous materials; and
  - Allowing a child unsupervised access to a body of water.

## §747.307. What are the notification requirements when Licensing finds my child-care home deficient in a standard related to safe sleeping or the abuse, neglect, or exploitation of a child?

*Subchapter B, Administration and Communication*

*Division 2, Required Notifications*

*March 2023*

- (a) You must notify the parent of each child attending your child-care home of a deficiency in:
- (1) A safe sleeping standard noted in subsection (b) of this section [Medium-High]; or
  - (2) The abuse, neglect, or exploitation standard in §747.1501(a)(3) of this chapter (relating to What general responsibilities do caregivers have in my child-care home?). [Medium-High]
- (b) The following are safe sleeping standards requiring notification:
- (1) §747.2309(a)(1) of this chapter (relating to What specific safety requirements must my cribs meet?);
  - (2) §747.2311(2)(A) of this chapter (relating to Are play yards allowed?);
  - (3) §747.2315(a)(4) and (b) of this chapter (relating to What specific types of equipment am I prohibited from using with infants?);
  - (4) §747.2326 of this chapter (relating to May I allow infants to sleep in a restrictive device?);
  - (5) §747.2327 of this chapter (relating to How must I position an infant for sleep?);
  - (6) §747.2328 of this chapter (relating to May I swaddle an infant to help the infant sleep?); and
  - (7) §747.2329 of this chapter (relating to If an infant has difficulty falling asleep, may I **cover the infant's head or crib?**).

## §747.309. How must I notify parents of a safe sleeping deficiency or an abuse, neglect, or exploitation deficiency?

*Subchapter B, Administration and Communication*

*Division 2, Required Notifications*

*April 2021*

- (a) Within five days after you receive notification of a deficiency described in §747.307 of this division (relating to What are the notification requirements when Licensing finds my child-care home deficient in a standard related to safe sleeping or the abuse, neglect, or exploitation of a child?), you must notify the parents of each child attending your child-care home at the time of the notification, including a child who may not have been in care on the day of the actual incident. [Medium-High]
- (b) If the deficiency is for a safe sleeping standard, you must notify the parents using *Form 2970, Notification of Safe Sleeping Deficiency*, located on the Licensing provider website. [Medium]
- (c) If the deficiency is for the standard related to the abuse, neglect, or exploitation of a child in care, you must notify the parents using *Form 7266, Notification of Abuse/Neglect/Exploitation Deficiency*, located on the Licensing provider website. [Medium]



## Division 3, Required Postings

§747.401. What records must I post at my child-care home during hours of operation?

*Subchapter B, Administration and Communication*

*Division 3, Required Postings*

*April 2017*

- (a) You must post the following in a prominent and publicly accessible place where parents and others may easily view them during all hours of operation:
- (1) The child-care home's license or registration certificate [Medium];
  - (2) The letter or form from the most recent Licensing inspection or investigation [Medium];
  - (3) The Licensing notice *Keeping Children Safe* [Medium];
  - (4) Telephone numbers specified in this division [Medium-Low];
  - (5) A list of your employees, which must be printed on paper at least 8-1/2 inches by 11 inches in size and must include each employee's first and last name [Medium-Low]; and
  - (6) Any other Licensing notices requiring posting. [Medium-Low]
- (b) For food allergies that require an emergency plan, you must either:
- (1) Post the list of each child's food allergies in a prominent place during all hours of operation, and if a parent requests it, you must maintain privacy for the child (for example, a clipboard hung on the wall with a cover sheet over the list) [Medium-High]; or
  - (2) Ensure that all caregivers, employees, and household members who prepare and serve food are aware of each child's food allergies. [Medium-High]

## Technical Assistance

- Posting this information is an important part of communication with parents. It provides parents the opportunity to monitor the care they have selected for their child and to make informed decisions as consumers of child care.
- Though not required by CCR, you may post other resources for parents, such as information about local activities, supports for parents, or information regarding the local [Early Childhood Intervention \(ECI\) program](#).

## §747.403. What telephone numbers must I post and where must I post them?

*Subchapter B, Administration and Communication*

*Division 3, Required Postings*

*March 2023*

You must post in a prominent place the following telephone numbers [Medium]:

(1) 911 or, if 911 is not available in your area, you must post the telephone numbers for:

(A) Emergency medical services [Medium];

(B) Law enforcement [Medium]; and

(C) Fire department [Medium];

(2) Poison control (1-800-222-1222) [Medium];

(3) The Texas Abuse and Neglect Hotline (1-800-252-5400) [Medium];

(4) The local Licensing office telephone number [Medium]; and

(5) Your telephone number, name, and home address. [Medium]

## Technical Assistance

- Readily available phone numbers help to ensure prompt response/action in an emergency.
- For the nearest Licensing office telephone number go to <https://www.hhs.texas.gov/services/safety/child-care/contact-child-care-licensing>.
- You can find specific information about the use of a cellular phone at your home in §747.4307.

## Division 4, Operational Policies

### §747.501. What written operational policies must I have?

*Subchapter B, Administration and Communication*

*Division 4, Operational Policies*

*October 2021*

You must develop written operational policies and procedures that at a minimum address each of the following:

- (1) Procedure for the release of children [Medium];
- (2) Illness and exclusion criteria [Medium];
- (3) Procedures for dispensing medication, or a statement that medication is not dispensed [Medium];
- (4) Procedures for handling medical emergencies [Medium];
- (5) Discipline and guidance policy that is consistent with Subchapter L of this chapter (relating to Discipline and Guidance). A copy of Subchapter L may be used for your discipline and guidance policy [Medium-High];
- (6) Safe sleep policy for infants from birth through 12 months old that is consistent with the rules in Subchapter H of this chapter (relating to Basic Requirements for Infants) that relate to sleep requirements and restrictions, including sleep positioning, and crib requirements

and restrictions, including mattresses, bedding, blankets, toys, and restrictive devices [Medium-High];

- (7) Animals, if applicable [Medium];
- (8) Promotion of indoor and outdoor physical activity that is consistent with Subchapter F of this chapter (relating to Developmental Activities and Activity Plan). [Medium] Your policies must include:
  - (A) The duration of physical activity at your home, both indoor and outdoor [Medium];
  - (B) The recommended clothing and footwear that will allow a child to participate freely and safely in physical activities [Medium]; and
  - (C) A plan to ensure physical activity occurs on days when extreme weather conditions prohibit or limit outdoor time. [Medium]
- (9) Procedures for parents to visit the child-care home any time during your hours of operation to observe their child, program activities, the home, the premises, and equipment without having to secure prior approval [Medium];
- (10) Procedures for parents to review a copy of the child-care home's most recent Licensing inspection report and how the parent may access the minimum standards online [Medium];
- (11) Instructions on how a parent may contact the local Licensing office, access the Texas Abuse and Neglect Hotline, and access the HHSC website [Medium];
- (12) Your emergency preparedness plan [High];
- (13) Procedures for conducting health checks, if applicable [Medium]; and
- (14) Information on vaccine-preventable diseases for employees, if your licensed child-care home is not located in your own residence. The policy must address the requirements outlined in §747.3411 of this chapter (relating to What must a policy for protecting children from vaccine-preventable diseases include?) [Medium]; and
- (15) If your home maintains and administers unassigned epinephrine auto-injectors to use when a child in care has an emergency anaphylaxis reaction, policies for maintenance, administration, and disposal of unassigned epinephrine auto-injectors that comply with the unassigned epinephrine auto-injector requirements set by the Texas Department of State Health Services, as specified in 25 TAC Chapter 40, Subchapter C (relating to Epinephrine Auto-Injector Policies in Youth Facilities) and in Texas Health and Safety Code §773.0145. [High]

## Technical Assistance

- Regarding paragraph (6), a sample Infant in Child Care Safe Sleep Policy can be found in the Licensing Technical Assistance Library.
- Regarding paragraph (8)(A), additional resources regarding physical activity are available in [Caring for Our Children: National Health and Safety Performance Standards, 4th Edition](#) and in the Licensing Technical Assistance Library.
- Regarding paragraph (15), DSHS requirements for the maintenance and administration of unassigned epinephrine auto-injectors include requirements for:
  - Training;
  - Storage;
  - Administration;
  - Disposal;
  - Reporting; and
  - Parental notification of policies.

You can find more information about these requirements, as well as definitions pertaining to anaphylaxis, at [Allergies and Anaphylaxis](#), [Epinephrine Auto-Injector Policies in Youth Facilities](#), and in the [CCR TA Library](#).

## §747.503. Must I provide parents with a copy of my operational policies?

*Subchapter B, Administration and Communication*

*Division 4, Operational Policies*

*April 2017*

Yes. On or before the date of the child's admission, the parents must sign an enrollment agreement or other similar documents, which must include at least the operational policies listed in this division. You must keep the signed document in the child's record or at least one for each family, if siblings are enrolled at the same time. [Medium]

## Technical Assistance

- Sharing clearly written policies about your child-**care home's day-** to-day operation will help parents understand what type of service their children will receive, and may help to avoid later misunderstandings and complaints.
- Operational policies may go beyond minimum standards, but may not conflict.

## §747.505. What must I do when I change an operational policy or an item in the enrollment agreement?

*Subchapter B, Administration and Communication*

*Division 4, Operational Policies*

*April 2017*

When you change an operational policy or your enrollment agreement, you must notify:

- (1) Your caregivers of any changes [Medium];
- (2) The parents in writing of any changes. Parents must sign and date the updated information. You must keep the updated information in the child's record or at least one for each family [Medium]; and
- (3) Your household members of any changes to the discipline and guidance policy, which you must document. [Medium]

## Subchapter C, Record Keeping

### Division 1, Records of Children

#### §747.601. Who has the right to access children's records?

*Subchapter C, Record Keeping*

*Division 1, Records of Children*

*September 2003*

- (a) All children's records must be immediately accessible to caregivers during hours of operation for use in an emergency. [Medium]
- (b) Parents have the right to access their own child's record during a scheduled parent conference with the primary caregiver. [Medium]
- (c) All children's records are subject to review and/or reproduction by Licensing upon request during hours of operation. [Medium]

#### Technical Assistance

During the time children are being cared for, events may occur that require access to information about a child in order to protect the child and/or others in care.

#### §747.603. What records must I have for the children in my care and how long must I keep them?

*Subchapter C, Record Keeping*

*Division 1, Records of Children*

*April 2017*

- (a) You must maintain the following records for each child enrolled in your child-care home:
  - (1) Child-care enrollment agreement specified in §747.503 of this title (relating to Must I provide parents with a copy of my operational policies?) [Medium];
  - (2) Admission information specified in §747.605 of this title (relating to What admission information must I obtain for each child?) [Medium];
  - (3) Statement of the child's health from a health-care professional [Medium];

- (4) Immunization records [Medium];
- (5) Tuberculosis screening and testing information, if required by your regional Texas Department of State Health Services or local health authority [Low];
- (6) Vision and hearing screening results, if applicable [Medium];
- (7) Licensing Incident/Illness Report form, if applicable [Medium];
- (8) Medication administration records, if applicable [Medium]; and
- (9) A copy of any health-care professional recommendations or orders for providing specialized medical assistance to the child. In some instances, minimum standards allow for a deviation from a minimum standard with written documentation from a health-care professional. You must also maintain this written documentation in the child's record. [Medium]

(b) These records must at a minimum be kept at the child-care home and must be available for review during operating hours, and for the following periods of time [Medium-Low]:

- (1) Medication administration records for three months after administering the medication [Low];
- (2) Health-care professional recommendations or orders for three months after the health-care professional has indicated that the specialized medical assistance is no longer needed [Low]; and
- (3) **All other records noted above for three months after the child's last day in care.** [Low]

## §747.605. What admission information must I obtain for each child?

*Subchapter C, Record Keeping*

*Division 1, Records of Children*

*March 2023*

You must obtain at least the following information before admitting a child to the child-care home:

- (1) **The child's name and birth date** [Medium-High];



- (2) **The child's home address and telephone number** [Medium-High];
- (3) **Date of the child's admission to the child-care home** [Medium-Low];
- (4) Name and address of parent(s) [Medium-High];
- (5) Telephone numbers at which parent(s) can be reached while the child is in care [Medium-High];
- (6) Name, address, and telephone number of another responsible individual (friend or relative) who should be contacted in an emergency when the parent cannot be reached [Medium-High];
- (7) Names and telephone numbers of persons other than a parent to whom the child may be released [High];
- (8) Permission for transportation, if provided, including any authorized pick-up and drop-off locations [Medium];
- (9) Permission for field trips, if provided [Medium];
- (10) Permission for participation in water activities, if provided, including whether the child is able to swim without assistance [Medium];
- (11) **Name, address, and telephone number of the child's physician or an emergency-care facility** [Medium];
- (12) Authorization to obtain emergency medical care and to transport the child for emergency medical treatment [High];
- (13) A statement of the child's special care needs, which must include:
  - (A) **Any limitations or restrictions on the child's activities** [Medium-High];
  - (B) Special care the child requires, including:
    - (i) Any reasonable accommodations or modifications [Medium-High];
    - (ii) Any adaptive equipment provided for the child, including instructions for how to use the equipment [Medium-High]; and
    - (iii) Symptoms or indications of potential complications related to a physical, cognitive, or mental condition that may warrant prevention or intervention while the child is in care [Medium-High]; and

(C)Any medications prescribed for continuous, long-term use [Medium-High];

(14) The name and telephone number of the school a school-age child attends [Medium];

(15) Permission for a school-age child to ride a bus or walk to or from school or home, or to be released to the care of a sibling younger than 18 years, if applicable [Medium-High]; and

(16) **The child's allergies and a** completed food allergy emergency plan for the child, if applicable. [Medium-High]

#### Technical Assistance

- The term "**Parent**" is defined in 26 TAC, Chapter 745, Subchapter A, Precedence and Definitions, which is included in this publication in Appendix I.
- Regarding paragraphs (6) and (7), Licensing expects the parent to list someone other than themselves as an emergency contact and authorized to pick up their child from care. If the parent chooses to not designate anyone else, they will need to indicate this in writing.

## §747.607. Must the child's parent sign the admission information?

*Subchapter C, Record Keeping*

*Division 1, Records of Children*

*December 2010*

Yes. The parent must sign the admission information before you admit the child to your care. [Low]

## §747.609. Must I update the admission information?

*Subchapter C, Record Keeping*

*Division 1, Records of Children*

*September 2003*

(a) Yes. You must develop a procedure for regularly updating the admission information, including information on special care needs. [Low]

(b) The parent must sign and date the updated information. You may use a new form or have the parent initial and date amendments to a previously signed form. You must **keep the updated information in the child's** record. [Low]

## Technical Assistance

- The child-care home needs to know where to contact parents and needs to be aware of any changes in care required by the child.
- Routine updating of records facilitates communication between the parent and the child-care operation.
- It also ensures that accurate information is available during an emergency so that the **child's needs can be** met.

## §747.611. Must I have a health statement for children in my care?

*Subchapter C, Record Keeping*

*Division 1, Records of Children*

*September 2003*

(a) A health statement is:

- (1) A written statement, from a licensed health-care professional who has examined the child within the past year, indicating the child is able to take part in the child-care **home's** program [Low];
- (2) A signed affidavit from the parent stating that medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization of which the parent is an adherent or a member [Low]; or
- (3) A signed statement from the parent giving the name and address of a health-care professional who has examined the child within the past year stating that the child is able to participate in the program. This must be followed by a signed statement from a health-care professional as specified in paragraph (1) of this subsection within 12 months of the date of admission. [Low]

(b) You must have a health statement at your child-care home, within one week after the date of admission, for each child who does not attend pre-kindergarten or school away from the child-care home. [Medium]

## Technical Assistance

Health status information is critical to ensuring that the individual needs of children are met, while protecting the health and safety of all children in care.

## §747.613. What immunizations must a child in my care have?

*Subchapter C, Record Keeping*

*Division 1, Records of Children*

*April 2017*

- (a) Each child enrolled or admitted to a child-care home must meet and continue to meet applicable immunization requirements specified by the Texas Department of State Health Services (DSHS). This requirement applies to all children in the child-care home from birth through 14 years. [High]
- (b) You must maintain current immunization records for each child in your care, including any immunization exemptions or exceptions. [Medium]
- (c) All immunizations required for the child's age must be completed by the date of admission, unless:
  - (1) The child is exempt or excepted from an immunization, and you verify the exemption or exception by the date of admission [Medium-High]; or
  - (2) The child is homeless or a child in foster care and is provisionally admitted for up to 30 days if evidence of immunization is not available. You should immediately refer the child to an appropriate health-care professional to obtain the required immunizations. The DSHS rule at 25 TAC §97.66 (relating to Provisional Enrollment for Students) establishes the guidelines for a provisional enrollment. [Medium-High]

## Technical Assistance

- According to the American Academy of Pediatrics (AAP), children require frequent boosters and immunizations in early childhood.
- Although children may be current with required immunizations when they enroll, they can miss future required immunizations.
- Since the risk of vaccine preventable disease is increased in group settings, ensuring appropriate immunization is an essential responsibility in child care.
- The current immunization requirements can be found at <http://www.immunizetexas.com>, and:
  - For children 0 through 43 months click on "School Requirements", click on "Main Page", to the right of the page click on "Child-Care Facilities", and click on "[current year] Texas Minimum State Vaccine Requirements for Child-Care Facilities";
  - For children 44 months through 18 years click on "School Requirements", click on "Main Page", to the right of the page click on "Schools", and click on "[current year] Texas Minimum State Vaccine Requirements for Students Grades K-12".
- DSHS has vaccine related resource materials available for order or download on their [Forms and Publications for Immunizations webpage](#).

## §747.615. What exemptions or exceptions are there concerning immunization requirements?

*Subchapter C, Record Keeping*

*Division 1, Records of Children*

*April 2017*

- (a) A child may be exempt from immunization requirements for a medical reason or reason of conscience, including a religious belief. To claim an exemption, the person applying for the child's admission must meet criteria specified by the Department of State Health Services (DSHS) rule at 25 TAC §97.62 (relating to Exclusions from Compliance).
- (b) For some diseases, a child who previously had a disease and is accordingly naturally immune from it may qualify for an exception to the immunization requirements for the disease. To claim this exception, the person applying for the child's admission must meet the criteria specified by the DSHS rule at 25 TAC §97.65 (relating to Exceptions to Immunization Requirements).

## Technical Assistance

You can find more information regarding the Department of State Health Services' exemptions at <http://www.dshs.state.tx.us/immunize/default.shtm>, click on "School Requirements", click on "Main Page", and to the right of the page click on "Exclusions from Immunization Requirements".

## §747.623. What documentation is acceptable for an immunization record?

*Subchapter C, Record Keeping*

*Division 1, Records of Children*

*April 2017*

Acceptable documentation includes:

- (1) A signed statement from the child's parent that the child's immunization record is current and on file at the pre-kindergarten or school that the child attends. The statement must be dated and include the name, address, and telephone number of the pre-kindergarten or school listed in the statement. [Medium]
- (2) An official immunization record generated from a state or local health authority, including a record from another state. Examples include a record from the Texas Immunization Registry, a copy of the current immunization record that is on file at the pre-kindergarten or school that the child attends, or the health passport for a child in the conservatorship of DFPS. The record must include:
  - (A) The child's name and date of birth [Medium];
  - (B) The type of vaccine and number of doses [Medium]; and
  - (C) The month, day, and year the child received each vaccination [Medium]; or
- (3) An official immunization record or photocopy. An example includes a record from a doctor's office or pharmacy. The record must include:
  - (A) The child's name and date of birth [Medium];
  - (B) The type of vaccine and number of doses [Medium];
  - (C) The month, day, and year the child received each vaccination [Medium];

- (D) The signature (including a rubber stamp or electronic signature) of the health-care professional who administered the vaccine, or another health-care professional's documentation of the immunization as long as the name of the health-care professional that administered the vaccine is documented [Medium]; and
- (E) Clinic contact information, if the immunization record is generated from an electronic health record system. [Medium]

## §747.627. Must I maintain immunization and health records on children in my care that are related to me?

*Subchapter C, Record Keeping*  
*Division 1, Records of Children*  
*September 2003*

Yes. Any child in care during hours of operation, whether the child is related to you or not, must have these records at your child-care home. [Medium]

## §747.629. Must children in my care have a tuberculosis (TB) examination?

*Subchapter C, Record Keeping*  
*Division 1, Records of Children*  
*December 2010*

Requirements for tuberculosis screening and testing vary across the state. If your regional Texas Department of State Health Services (DSHS) or local health authority requires tuberculosis testing for children in your area, then you must have documentation to indicate that each child in your care is free of active tuberculosis. Documentation of a TB screening is not required to be on file. If you are unsure of the requirements for your area, contact the TB program manager at the DSHS regional office nearest you. [Medium]

## §747.631. Must children in my registered child-care home have vision and hearing screening?

*Subchapter C, Record Keeping*

*Division 1, Records of Children*

*September 2003*

No. The Special Senses and Communication Disorders Act, Texas Health and Safety Code, Chapter 36, does not require a screening or a professional examination for possible vision and hearing problems for a child enrolled in a child-care home that we register.

### Technical Assistance

If you would like more information regarding vision and hearing screenings, you may refer to 25 TAC Chapter 37, Subchapter C, (relating to Vision and Hearing Screening). This information may be accessed on the Internet at: [www.dshs.state.tx.us/vhs/](http://www.dshs.state.tx.us/vhs/).

## §747.633. Must children in my licensed child-care home have vision and hearing screening?

*Subchapter C, Record Keeping*

*Division 1, Records of Children*

*July 2005*

(a) The Special Senses and Communication Disorders Act, Texas Health and Safety Code, Chapter 36, requires a screening or a professional examination for possible vision and hearing problems for children of certain ages and grades. Refer to 25 TAC, Chapter 37, Subchapter C, (relating to Vision and Hearing Screening), for specifics on vision and hearing screening. This information may be accessed on the Internet at:

[www.dshs.state.tx.us/vhs/](http://www.dshs.state.tx.us/vhs/). [Medium-High]

(b) You must keep one of the following at the child-care home for each child required to be screened:

(1) The individual visual acuity and sweep check results [Low]; or



- (2) **A signed statement from the child’s parent that the child’s screening records are current and on file at the pre-kindergarten program or school the child attends away from the child-care home. The statement must be dated and include the name, address, and telephone number of the pre-kindergarten program or school [Low]; or**
- (3) **An affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination of which the affiant is an adherent or member. [Low]**

## §747.635. Must I keep attendance records or a sign-in and sign-out log for children in my care?

*Subchapter C, Record Keeping*

*Division 1, Records of Children*

*September 2003*

- (a) Yes. You must maintain a record of attendance for each child in your care. You may use a sign-in and sign-out log or other attendance chart. [Medium-High]
- (b) You must keep attendance records for the previous three months and make them available to Licensing for review upon request. [Medium-Low]

## Division 2, Records of Accidents and Incidents

§747.701. What written records must I keep of accidents and incidents that occur at my child-care home?

*Subchapter C, Record Keeping*

*Division 2, Records of Accidents and Incidents*

*March 2023*

You must record the following information on the Licensing *Incident/Illness Report Form 7239* or another form that contains at least the same information:

- (1) An injury to a child in care that required medical treatment by a health-care professional or hospitalization [Medium];
- (2) An illness that required the hospitalization of a child in care [Medium];
- (3) An incident where a child in care had an emergency anaphylaxis reaction that required administration of an unassigned epinephrine auto-injector [Medium];
- (4) An incident of a child in care or caregiver contracting a communicable disease deemed notifiable by the Texas Department of State Health Services as specified in 25 TAC Chapter 97, Subchapter A (relating to Control of Communicable Diseases) [Medium]; and
- (5) Any other non-routine situation that placed, or may have placed, a child at risk for injury or harm, such as forgetting a child in a vehicle or not preventing a child from wandering away from the child-care home. [Medium]

## Technical Assistance

- The *Licensing Incident/Illness Report* form ensures that parents have been notified of serious incidents and illnesses that impact or may impact the health and safety their child. This includes incidents that directly involve their child, such as a serious injury, and those that have the potential to affect their child, such as another child in care or a caregiver contracting a communicable disease. For more information regarding notifying parents about emergency and medical situations, see §747.305.
- Regarding paragraph (5), many factors determine whether a situation places or may place a child at risk for injury or harm, including the age of the child, proximity of caregivers, surrounding environment, etc. In addition to the examples in the rule, other situations may include:
  - Leaving a child unattended in the child-care home;
  - Allowing a child to access hazardous materials; and
  - Allowing a child unsupervised access to a body of water.
- You may obtain a copy of Licensing's *Incident/Illness Report* form on the CCR provider website at: <https://www.hhs.texas.gov/handbooks/child-care-regulation-handbook/forms>

## §747.705. Must someone from my child-care home sign the *Incident/Illness Report* form?

*Subchapter C, Record Keeping*

*Division 2, Records of Accidents and Incidents*

*April 2017*

Yes. You or your substitute caregiver must complete, sign, and date the form. [Low]

## §747.707. Must I share a copy of the *Incident/Illness Report* form with the child’s parent?

*Subchapter C, Record Keeping*

*Division 2, Records of Accidents and Incidents*

*September 2003*

**Yes. You must share a copy of the report with the child’s parent and obtain the parent’s signature** on the report indicating the parent has reviewed it or received a copy of the report within 48 hours of when the incident occurred. [Medium]

Technical Assistance
Requiring a parent to sign the report verifies the parent was informed of a serious situation which affected the health or safety of their child.

## §747.709. Where must I file the *Incident/Illness Report* form and how long must I keep it?

*Subchapter C, Record Keeping*

*Division 2, Records of Accidents and Incidents*

*September 2003*

You must keep the form with the **child’s** record at the child-care home while the child is in care and **for at least three months after the child’s last day in care.** [Low]

## Division 3, Records that Must be Kept on File at the Child-Care Home

### §747.801. What records must I keep at my child-care home?

*Subchapter C, Record Keeping*

*Division 3, Records that Must be Kept on File at the Child-Care Home*

*March 2023*

You must maintain and make the following records available for our review upon request during hours of operation. Paragraphs (8), (9), and (10) are optional, but if provided, will allow Licensing to avoid duplicating the evaluation of standards that have been evaluated by another state agency within the past year:

- (1) Children’s records, as specified in Division 1 of this subchapter (relating to Records of Children) [Medium];
- (2) Infant feeding instructions, as required in §747.2321 of this chapter (relating to Must I obtain written feeding instructions for children not ready for table food?), if applicable [Medium];
- (3) Personnel and training records, as required in §747.901 of this subchapter (relating to What information must I maintain in my personnel records?), and in §747.1327 of this chapter (relating to What documentation must I provide to Licensing to verify that caregivers have met training requirements?) [Medium];
- (4) Menus, as required in §747.3113 of this chapter (relating to Must I post and maintain daily menus?) [Medium];
- (5) Medication records, as required in §747.3605 of this chapter (relating to How must I administer medication to a child in my care?) if applicable [Medium-High];
- (6) Pet vaccination records, as required in §747.3703 of this chapter (relating to Must I keep documentation of vaccinations for the animals?), if applicable [Medium];

- (7) Safety documentation for emergency drills, fire extinguishers, smoke detectors, and emergency evacuation and relocation diagram, as required in §747.5005 of this chapter (relating to Must I practice my emergency preparedness plan?), §747.5007 of this chapter (relating to Must I have an emergency evacuation and relocation diagram?), §747.5107 of this chapter (relating to How often must I inspect and service the fire extinguisher?), §747.5115 of this chapter (relating to How often must the smoke detectors at my child-care home be tested?), and §747.5117 of this chapter (relating to How often must I have an electronic smoke alarm system tested?) [Medium];
- (8) Most recent Texas Department of State Health Services immunization compliance review form, if applicable;
- (9) Most recent Texas Department of Agriculture Child and Adult Care Food Program (CACFP) report, if applicable;
- (10) Most recent local workforce board Child-Care Services Contractor inspection report, if applicable;
- (11) Written approval from the fire marshal to provide care above or below ground level, if applicable [Medium-High];
- (12) Most recent Licensing form certifying that you have reviewed each of the bulletins and notices issued by the United States Consumer Product Safety Commission regarding unsafe children's products and that there are no unsafe children's products in use or accessible to children in the home [Medium];
- (13) Documentation for all full-sized and non-full-sized cribs, as specified in §747.2309(a)(9) of this chapter (relating to What specific safety requirements must my cribs meet?) [Medium];
- (14) Proof of current liability insurance coverage or, if applicable, that you have provided written notice to the parent of each child that you do not carry the insurance [Medium]; and
- (15) Proof that you have notified parents in writing of deficiencies in safe sleeping and abuse, neglect, or exploitation, as specified in §747.307 of this chapter (relating to What are the notification requirements when Licensing finds my child-care home deficient in a standard related to safe sleeping or the abuse, neglect, or exploitation of a child?) and §747.309 of this chapter (relating to How must I notify parents of a safe sleep deficiency or an abuse, neglect, or exploitation deficiency?). [Medium-High]

## Technical Assistance

- Regarding paragraph (15), you may maintain the documentation in a manner that is consistent with your policies for record keeping, as long as you can verify that you notified each parent as required. Possible ways to maintain proof of notification include:
  - **Keeping a copy of the notification in each child’s individual file;**
  - Keeping a single file of all notifications, with a list of the parents whom you notified attached to each notification form; or
  - Maintaining a copy of any notification sent to a parent electronically, including the date and address to which you sent the notification.

## §747.803. How long must I keep records at my child-care home?

*Subchapter C, Record Keeping*

*Division 3, Records that Must be Kept on File at the Child-Care Home*

*April 2017*

(a) Unless otherwise stated in this chapter:

(1) You must keep at the child-care home each record that your home is required to post or keep [Medium-Low]; and

(2) These records must be kept for at least three months from the date the record was created. [Medium-Low]

(b) You must keep training records for at least the current and last full training year. [Medium-Low]

## Division 4, Records on Caregivers and Household Members

### §747.901. What information must I maintain in my personnel records?

*Subchapter C, Record Keeping*

*Division 4, Records on Caregivers and Household Members*

*March 2023*

You must keep at least the following at the child-care home for each assistant caregiver and substitute caregiver, as specified in this chapter [Medium]:

- (1) Documentation showing the dates of the first and last day on the job [Medium-Low];
- (2) Documentation showing how the caregiver meets the minimum age and education qualifications, if applicable [Medium];
- (3) **A copy of a health card or health care professional's statement verifying the caregiver is free of active tuberculosis, if required by the regional Texas Department of State Health Services TB program or local health authority [Medium-Low];**
- (4) A notarized Licensing *Affidavit for Applicants for Employment* form as specified in Human Resources Code, §42.059 [Medium-Low];
- (5) A record of training hours, including documentation required by §747.1327 of this chapter (relating to What documentation must I provide to Licensing to verify that caregivers have met training requirements?) [Medium];
- (6) Proof of request for all background checks required under 40 TAC Chapter 745, Subchapter F (relating to Background Checks) [Medium];
- (7) A copy of a photo identification [Medium];
- (8) **A copy of a current driver's license for each person or caregiver that transports a child in care [Medium];** and



(9) A statement signed and dated by the caregiver in a licensed child-care home verifying the date the caregiver attended training during orientation that includes an overview regarding the prevention, recognition, and reporting of child maltreatment, as specified in §747.1301 of this chapter (relating to What must orientation for caregivers at my child-care home include?) [Medium]

#### Technical Assistance

Regarding paragraph (4), you may obtain a copy of the Affidavit for Applicants for Employment form (Form # 2985) at <https://www.hhs.texas.gov/handbooks/child-care-regulation-handbook/forms>

## §747.903. Must I keep records for my household members who are counted in the child/caregiver ratio?

*Subchapter C, Record Keeping*

*Division 4, Records on Caregivers and Household Members*

*September 2003*

Yes. You must keep the same personnel records specified in §747.901 of this title (relating to What information must I maintain in my personnel records?) for all household members who are used as assistant or substitute caregivers as defined in Subchapter D, Division 3 of this chapter (relating to Assistant and Substitute Caregivers), whether they are paid or unpaid. [Medium]

## §747.905. What records must I keep for my household members who are not counted in the child/caregiver ratio?

*Subchapter C, Record Keeping*

*Division 4, Records on Caregivers and Household Members*

*December 2010*

You must keep at least the following for each person that you are required to request a background check on, as specified in Subchapter F of Chapter 745 (relating to Background Checks) [Medium]:

- (1) **A copy of a health card or physician's statement verifying the household member is free of active tuberculosis, if required by the regional Texas Department of State Health Services TB program or local health authority** [Low];

(2) Documentation verifying orientation to the child-care home was completed [Medium-Low];  
and

(3) Proof of request for a DFPS Background Check. [High]

## §747.909. What records must I maintain on myself?

*Subchapter C, Record Keeping*

*Division 4, Records on Caregivers and Household Members*

*April 2017*

You must have the following records available for review during hours of operation:

(1) A copy of a health card or health-care professional's statement verifying you are free of contagious tuberculosis, if required by the regional Texas Department of State Health Services TB program or local health authority [Low];

(2) A record of your training hours [Medium]; and

(3) A copy of a current driver's license or other photo identification. [Medium]

## §747.911. Must I maintain attendance records or time sheets on caregivers that assist me?

*Subchapter C, Record Keeping*

*Division 4, Records on Caregivers and Household Members*

*September 2003*

We do not require you to maintain attendance records or time sheets for yourself or any other person you count in the child/caregiver ratio.

## §747.913. How long must I keep the required records on caregivers and household members?

*Subchapter C, Record Keeping*

*Division 4, Records on Caregivers and Household Members*

*September 2003*

**You must keep records for at least three months after a caregiver's last day on the job** or after the household member is no longer living in your home. [Medium-Low]

## §747.915. May Licensing access my records?

*Subchapter C, Record Keeping*

*Division 4, Records on Caregivers and Household Members*

*September 2003*

All records required to be maintained under this division are subject to our immediate review and reproduction, upon our request, during all hours of operation. [Medium]

## §747.917. May I keep electronic records or a combination of paper and electronic records, and what procedures must I have for these records?

*Subchapter C, Record Keeping*

*Division 4, Records on Caregivers and Household Members*

*December 2010*

Yes, you may keep electronic records or a combination of paper and electronic records.

- (1) If you keep a combination of electronic and paper records, you must develop procedures that address what must be in the external paper file and what can be in the electronic file [Low];
- (2) **Children's records must be accessible to all caregivers during their work shift, changes in caregivers, and emergency evacuations** [Medium]; and
- (3) Records must be available during business hours for review by Licensing upon request. [Medium]

## Subchapter D, Personnel

### Division 1, Primary Caregiver Qualifications for a Registered Child-Care Home

§747.1001. Who is required to meet the qualifications specified in this division?

*Subchapter D, Personnel*

*Division 1, Primary Caregiver Qualifications for a Registered Child-Care Home*

*September 2003*

The primary caregiver of a registered child-care home, as defined in §747.201 of this title (relating to Who is a primary caregiver?) must meet the qualifications specified in this division. [Medium-High]

§747.1003. When must I meet qualifications to be a primary caregiver?

*Subchapter D, Personnel*

*Division 1, Primary Caregiver Qualifications for a Registered Child-Care Home*

*September 2003*

You must meet the qualifications before we register your child-care home. [Medium-High]

§747.1005. May I have more than one primary caregiver for my child-care home?

*Subchapter D, Personnel*

*Division 1, Primary Caregiver Qualifications for a Registered Child-Care Home*

*September 2003*

No. A registered child-care home may have only one primary caregiver. [Medium]

## §747.1007. What qualifications must I meet to be the primary caregiver of a registered child-care home?

*Subchapter D, Personnel*

*Division 1, Primary Caregiver Qualifications for a Registered Child-Care Home*

*October 2018*

Except as otherwise provided in this division, you must:

- (1) Be at least 21 years old [Medium];
- (2) Have a:
  - (A) High school diploma [Medium-High]; or
  - (B) High school equivalent [Medium-High];
- (3) Have a certificate of completion of the Licensing pre-application course within one year prior to your application date;
- (4) Meet the requirements in Subchapter F of Chapter 745 of this title (relating to Background Checks);
- (5) Have a current certificate of training in pediatric first aid and pediatric CPR as specified in §747.1313 of this subchapter (relating to Who must have pediatric first-aid and pediatric CPR training?) [Medium-High];
- (6) Have a current record of a tuberculosis (TB) examination showing you are free of contagious TB, if required by the Texas Department of State Health Services or local health authority [Medium-High]; and
- (7) Have proof of training in the following:
  - (A) Prevention, recognition, and reporting of child maltreatment, including:
    - (i) Factors indicating a child is at risk for abuse or neglect [Medium-High];
    - (ii) Warning signs indicating a child may be a victim of abuse or neglect [Medium-High];
    - (iii) Procedures for reporting child abuse or neglect [Medium-High]; and
    - (iv) Community organizations that have training programs available to employees, children, and parents. [Medium-High]
  - (B) Recognizing and preventing shaken baby syndrome and abusive head trauma [Medium-High];

- (C) Understanding and using safe sleep practices and preventing sudden infant death syndrome (SIDS) [Medium-High];
- (D) Understanding early childhood brain development [Medium-High];
- (E) Understanding the developmental stages of children [Medium-High];
- (F) Emergency preparedness [Medium-High];
- (G) Preventing and controlling the spread of communicable diseases, including immunizations [Medium-High];
- (H) Administering medication, if applicable, including compliance with §747.3603 of this chapter (relating to What authorization must I obtain before administering a medication to a child in my care?) [Medium-High];
- (I) Preventing and responding to emergencies due to food or an allergic reaction [Medium-High];
- (J) Understanding building and physical premises safety, including identification and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic [Medium-High];
- (K) Handling, storing, and disposing of hazardous materials including compliance with §747.3221 of this chapter (relating to Must caregivers wear gloves when handling blood or bodily fluids containing blood?) [Medium-High]; and
- (L) Precautions in transporting children if your child-care home plans to transport a child whose chronological or developmental age is younger than nine years old. [Medium-High]

#### Technical Assistance

- Regarding paragraph (E), training in the developmental stages of children includes the major domains of child development, which are:
  - Cognitive development;
  - Social development;
  - Emotional development;
  - Physical development; and
  - Approaches to learning.

## §747.1013. What if I am younger than 21 years old but I want to be registered?

*Subchapter D, Personnel*

*Division 1, Primary Caregiver Qualifications for a Registered Child-Care Home*

*September 2003*

You may be a registered caregiver if you are 18 through 20 years old, have a high school diploma or its equivalent, and one of the following:

- (1) A Child Development Associate or Certified Child-Care Professional credential [Low];
- (2) **An associate's of applied science degree in child care** [Low];
- (3) A community college certificate in child care [Low];
- (4) A day-care administrator's credential approved by Licensing [Low]; or
- (5) **Six college credit hours in child development and nine months' experience in a licensed child-care center or in a licensed or registered child-care home, as specified in §747.1113 of this title (relating to What constitutes experience in a licensed child-care center, or in a licensed or registered child-care home?).** [Low]

## §747.1015. Does education received outside of the United States count toward primary caregiver qualifications?

*Subchapter D, Personnel*

*Division 1, Primary Caregiver Qualifications for a Registered Child-Care Home*

*September 2003*

Yes, however you must provide supporting information such as a copy of the diploma or letter from the school district to indicate that the education is equivalent to a high school diploma program in the United States. Documentation written in a foreign language must be translated into English.

[Medium]

## **Division 2, Primary Caregiver Qualifications for a Licensed Child-Care Home**

§747.1101. Who is required to meet the qualifications specified in this division?

*Subchapter D, Personnel*

*Division 2, Primary Caregiver Qualifications for a Licensed Child-Care Home*

*September 2003*

The primary caregiver of a licensed child-care home, as defined in §747.201 of this title (relating to Who is a primary caregiver?) must meet the qualifications specified in this division.

§747.1103. When must I meet qualifications to be a primary caregiver?

*Subchapter D, Personnel*

*Division 2, Primary Caregiver Qualifications for a Licensed Child-Care Home*

*September 2003*

You must meet the qualifications before we license your child-care home.

§747.1105. May I have more than one primary caregiver for my licensed child-care home?

*Subchapter D, Personnel*

*Division 2, Primary Caregiver Qualifications for a Licensed Child-Care Home*

*September 2003*

No. A licensed child-care home may have only one primary caregiver. [\[Medium\]](#)



# §747.1107. What qualifications must I meet to be the primary caregiver of a licensed child-care home?

*Subchapter D, Personnel*

*Division 2, Primary Caregiver Qualifications for a Licensed Child-Care Home*

*March 2023*

Except as otherwise provided in this division, you must:

- (1) Be at least 21 years of age [Medium];
- (2) Have a:
  - (A) High school diploma [Medium-High]; or
  - (B) High school equivalent [Medium-High];
- (3) Have a certificate of completion of the Licensing pre-application course within one year prior to your application date;
- (4) Meet the requirements in Subchapter F of Chapter 745 of this title (relating to Background Checks);
- (5) Have a current certificate of training in pediatric first aid and pediatric CPR as specified in §747.1313 of this subchapter (relating to Who must have pediatric first-aid and pediatric CPR training?) [Medium-High];
- (6) Have a current record of a tuberculosis (TB) examination showing you are free of contagious TB, if required by the Texas Department of State Health Services or local health authority [Medium];
- (7) Have proof of training in the following:
  - (A) Prevention, recognition, and reporting of child maltreatment, including:
    - (i) Factors indicating a child is at risk for abuse or neglect [Medium-High];
    - (ii) Warning signs indicating a child may be a victim of abuse or neglect [Medium-High];
    - (iii) Procedures for reporting child abuse or neglect [Medium-High];and

- (iv) Community organizations that have training programs available to employees, children, and parents [Medium-High];
  - (B) Recognizing and preventing shaken baby syndrome and abusive head trauma [Medium-High];
  - (C) Understanding and using safe sleep practices and preventing sudden infant death syndrome (SIDS) [Medium-High];
  - (D) Understanding early childhood brain development [Medium-High];
  - (E) Understanding the developmental stages of children [Medium-High];
  - (F) Emergency preparedness [Medium-High];
  - (G) Preventing and controlling the spread of communicable diseases, including immunizations [Medium-High];
  - (H) Administering medication, if applicable, including compliance with §747.3603 of this chapter (relating to What authorization must I obtain before administering a medication to a child in my care?) [Medium-High];
  - (I) Preventing and responding to emergencies due to food or an allergic reaction [Medium-High];
  - (J) Understanding building and physical premises safety, including identification and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic [Medium-High];
  - (K) Handling, storing, and disposing of hazardous materials including compliance with §747.3221 of this chapter (relating to Must caregivers wear gloves when handling blood or bodily fluids containing blood?) [Medium-High]; and
  - (L) Precautions in transporting children if your child-care home plans to transport a child whose chronological or developmental age is younger than nine years old [Medium-High]; and
- (8) Have one of the following combinations of education and experience in a licensed child-care center, or in a licensed or registered child-care home, as defined in §747.1113 of this division (relating to What constitutes experience in a licensed child-care center, or in a licensed or registered child-care home?) [Medium-High]:

Education	Experience
(A) A bachelor degree with 12 college credit hours in child development and three college credit hours in management	and at least one year of experience in a licensed child-care center or licensed or registered child-care home;
(B) An associate of applied science degree in child development or a closely related field with six college credit hours in child development and three college credit <b>hours in management. A “closely related field” is any</b> educational instruction pertaining to the growth, development, physical or mental care, or education of children ages birth through 13 years	and at least one year of experience in a licensed child-care center or licensed or registered child-care home;
(C) Sixty college credit hours with six college credit hours in child development and three college credit hours in management	and at least one year of experience in a licensed child-care center or licensed or registered child-care home;
(D) Three college credit hours in management with a Child Development Associate Credential or Certified Child-Care Professional credential	and at least one year of experience in a licensed child-care center or licensed or registered child-care home;
(E) A <b>child-care administrator’s certificate from a community</b> college with at least 15 college credit hours in child development and three college credit hours in management	and at least two years of experience in a licensed child-care center or licensed or registered child-care home;
(F) A <b>day-care administrator’s credential issued by a</b> professional organization or an educational institution and approved by Licensing based on criteria specified in 40 TAC of Chapter 745 Subchapter P (relating to Day-Care <b>Administrator’s Credential Program</b> )	and at least two years of experience in a licensed child-care center or licensed or registered child-care home; or

Education	Experience
(G) Seventy-two clock hours of training in child development and 30 clock hours in management	and at least three years of experience in a licensed child-care center or licensed or registered child-care home.

### Technical Assistance

- A primary caregiver caring for more than six children and employing one or more **assistant/substitute caregivers functions as a “facility director.” A facility director plays a crucial role in ensuring the smooth day-to-day operation of the child-care home and serves two important functions: To balance business concerns with **what’s** good for children and to provide leadership and direction to the assistant/substitute caregivers responsible for providing safe and healthy care for the children.**
- Regarding paragraph (7)(E), training in the developmental stages of children includes the major domains of child development, which are:
  - Cognitive development;
  - Social development;
  - Emotional development;
  - Physical development; and
  - Approaches to learning.
- Options (8)(D) and (F) of this section require periodic renewal for the primary caregiver (director) to remain qualified as specified in §747.1145 and §747.1147. If your credential expires, then you will no longer meet the minimum standards related to primary caregiver qualifications, see §747.1149.

## §747.1113. What constitutes experience in a licensed child-care center, or in a licensed or registered child-care home?

*Subchapter D, Personnel*

*Division 2, Primary Caregiver Qualifications for a Licensed Child-Care Home*

*April 2017*

- (a) Only the following types of experience may be counted as experience in a licensed child-care center:

- (1) Experience as a director, assistant director, or as a caregiver working directly with children in a DFPS licensed or certified child-care center (or similar type of day care center that was formerly licensed, certified, or accredited by DFPS); and
  - (2) Experience as a director, assistant director, or caregiver working directly with children in a licensed or certified child-care center in another state or country.
- (b) Only experience working directly with children in a DFPS licensed or registered child-care home (or in a group day-care home that was formerly licensed by DFPS) as an assistant caregiver, substitute caregiver, or primary caregiver may be counted as experience in a licensed or registered child-care home.
- (c) You must have obtained all work experience in a full-time capacity or its equivalent in a part-time capacity. Full-time is defined as at least 30 hours per week. The work experience may be paid or unpaid.

## §747.1115. May other types of experience be substituted for the required experience in a licensed child-care center, or in a licensed or registered child-care home?

*Subchapter D, Personnel*

*Division 2, Primary Caregiver Qualifications for a Licensed Child-Care Home*

*December 2010*

The following types of experience may be substituted for one year of the required experience:

- (1) One year of full-time classroom teaching in a public or private accredited school setting in grades pre-kindergarten through third, during a customary school year;
- (2) Substitute or part-time classroom teaching in a public or private accredited school setting in grades pre-kindergarten through third, if the total length of time adds up to one year of full-time teaching during a customary school year; and
- (3) One-year of postgraduate study in child development, early childhood education, or a related field.

## §747.1117. Can Licensing verify whether someone has sufficient experience in a licensed child-care center, or in a licensed or registered child-care home?

*Subchapter D, Personnel*

*Division 2, Primary Caregiver Qualifications for a Licensed Child-Care Home*

*September 2003*

Yes. To determine whether a person has sufficient experience to qualify as a primary caregiver, we may, at our own discretion, verify child-care experience and substitute child-care experience via the Internet, telephone, or mail contact with previous employer(s), or through our records.

## §747.1119. What credit courses does Licensing recognize as child development?

*Subchapter D, Personnel*

*Division 2, Primary Caregiver Qualifications for a Licensed Child-Care Home*

*September 2016*

Due to a large variation in credit course titles and content, it is impossible to list all courses that may be counted toward the child development requirement. Courses in early childhood education, child growth and development, psychology, sociology, classroom management, child psychology, health and safety of children, elementary education related to pre-kindergarten through third grade, youth development and other similar courses may be counted if they are related to child development or the topics specified in §747.1305 of this title (relating to What topics must the annual training for caregivers include?). Abnormal psychology and secondary education courses are not recognized as child development.

## §747.1121. What credit courses does Licensing recognize as management?

*Subchapter D, Personnel*

*Division 2, Primary Caregiver Qualifications for a Licensed Child-Care Home*

*December 2010*

Due to a large variation in credit course titles and content, it is impossible to list all courses that may be counted toward the management requirement. Management courses may include administration of a child-care facility, recreational leadership, accounting, goal and objective setting, performance planning and evaluation, management techniques, risk management and other administrative, management, or supervisory-related courses. Courses in office machines or computer training are not recognized as management.

## §747.1123. What documentation must I provide to show that I meet the child development and management education qualifications for a primary caregiver?

*Subchapter D, Personnel*

*Division 2, Primary Caregiver Qualifications for a Licensed Child-Care Home*

*April 2017*

If requested by Licensing, you must provide original transcripts and supporting documentation, such as a credit course catalog description or a course syllabus or outline, to determine whether the course is recognized as child development or management. [Low]

## §747.1129. May I substitute clock hours or CEUs for any of the educational requirements in this division?

*Subchapter D, Personnel*

*Division 2, Primary Caregiver Qualifications for a Licensed Child-Care Home*

*March 2023*

- (a) Clock hours or CEUs may only be substituted for the required college credit hours in child development and management.
- (b) 50 clock hours or five CEUs may be substituted for every three college credit hours required in child development and management.

- (c) The documentation to verify the clock hours or CEUs must be as specified in §747.1327 of this subchapter (relating to What documentation must I provide to Licensing to verify that caregivers have met training requirements?).

## §747.1131. What additional documentation must I submit to show I am qualified to be a primary caregiver of a licensed child-care home?

*Subchapter D, Personnel*

*Division 2, Primary Caregiver Qualifications for a Licensed Child-Care Home*

*March 2023*

- (a) In addition to showing that you meet the minimum qualifications for a primary caregiver, you must submit the following to Licensing staff:
- (1) A completed Licensing Personal History Statement form specifying your education and experience [Medium];
  - (2) An original and current Licensing **Child-Care Director's Certificate form**, an original college transcript, or original training certificates which verify the educational requirements. Original letters may be substituted for training certificates, provided they include the same information as specified in §747.1327 of this subchapter (relating to What documentation must I provide to Licensing to verify that caregivers have met training requirements?) [Medium]; and
  - (3) Complete dates, names, addresses, and telephone numbers which support the required experience. [Medium]
- (b) You must submit the information to us as a part of a new application for a permit. [Medium]



## §747.1137. Does education received outside of the United States substitute for primary caregiver qualifications?

*Subchapter D, Personnel*

*Division 2, Primary Caregiver Qualifications for a Licensed Child-Care Home*

*April 2017*

Yes, but you must provide supporting information, such as a copy of the diploma, transcript, or letter from the school to indicate that the education is equivalent to a program in the United States. Documentation written in a foreign language must be translated into English. [Medium]

### Technical Assistance

The [U.S. Department of Education](#) has more information regarding recognition of foreign qualifications.

## §747.1139. Will Licensing keep the original training certificates and college transcripts I submit to obtain a Licensing ***Child-Care Director's Certificate***?

*Subchapter D, Personnel*

*Division 2, Primary Caregiver Qualifications for a Licensed Child-Care Home*

*September 2003*

No. After we evaluate this information and issue a ***Child-Care Director's Certificate***, we will return the original documents to you along with the certificate or if a certificate is not issued, along with a letter notifying you of the decision.

## §747.1141. What if Licensing determines I do not meet minimum standard qualifications?

*Subchapter D, Personnel*

*Division 2, Primary Caregiver Qualifications for a Licensed Child-Care Home*

*September 2003*

We will notify you that you do not meet minimum standard qualifications. We will give you a deadline to submit additional paperwork, or ask you to withdraw your application and re-apply after you have obtained the necessary training and experience.

## §747.1143. Will I receive a certificate verifying that I meet qualifications?

*Subchapter D, Personnel*

*Division 2, Primary Caregiver Qualifications for a Licensed Child-Care Home*

*September 2003*

Yes. After we determine that you meet minimum standard qualifications for a licensed primary caregiver we will issue a Licensing ***Child-Care Director's Certificate***. The certificate verifies only that you meet minimum standard qualifications specified in §747.1107 of this title (relating to What qualifications must I meet to be the primary caregiver of a licensed child-care home?).

## §747.1145. Will the Child-**Care Director's Certificate** expire?

*Subchapter D, Personnel*

*Division 2, Primary Caregiver Qualifications for a Licensed Child-Care Home*

*April 2017*

The Licensing *Child-Care **Director's Certificate*** will have an expiration date if you qualified under paragraph (8), options (D) or (F) in §747.1107 of this title (relating to What qualifications must I meet to be the primary caregiver of a licensed child-care home?). Otherwise, the certificate will not expire.

## §747.1147. How often must an expiring *Child-**Care Director's Certificate*** be renewed?

*Subchapter D, Personnel*

*Division 2, Primary Caregiver Qualifications for a Licensed Child-Care Home*

*April 2017*

If you qualified under paragraph (8), options (D) or (F) in §747.1107 of this title (relating to What qualifications must I meet to be the primary caregiver of a licensed child-care home?), you must **maintain your credential according to the organization's requirements. You must submit to us a copy of a letter or other documentation confirming the credential is current before we can renew your *Child-Care Director's Certificate*.**

## §747.1149. What happens if my Child-**Care Director's Certificate** expires?

*Subchapter D, Personnel*

*Division 2, Primary Caregiver Qualifications for a Licensed Child-Care Home*

*April 2017*

We will give you a deadline to submit the required documentation. If you allow the *Child-Care Director's Certificate* to expire without submitting the required documentation confirming that your credential is current, then your home will no longer meet the minimum standards related to primary caregiver qualifications. [\[Low\]](#)

## §747.1151. Does Licensing charge a fee for issuing the **director's certificate**?

*Subchapter D, Personnel*

*Division 2, Primary Caregiver Qualifications for a Licensed Child-Care Home*

*September 2003*

No. We do not charge a fee for processing a Licensing *Child-Care Director's Certificate*.

## §747.1153. Can I get a replacement Child-**Care Director's Certificate**?

*Subchapter D, Personnel*

*Division 2, Primary Caregiver Qualifications for a Licensed Child-Care Home*

*April 2017*

Yes. We will issue a replacement Child-Care Director's Certificate, if you submit your request to us in writing, specifying:

- (1) Your name and address;
- (2) The date we issued the original certificate; and
- (3) The reason a replacement certificate is needed.

## Division 3, Assistant and Substitute Caregivers

§747.1201. What types of caregivers may I use in my child-care home?

*Subchapter D, Personnel*

*Division 3, Assistant and Substitute Caregivers*

*September 2003*

There are two kinds of caregivers: assistant caregivers and substitute caregivers.

§747.1203. What is the difference between an assistant caregiver and a substitute caregiver?

*Subchapter D, Personnel*

*Division 3, Assistant and Substitute Caregivers*

*September 2003*

- (a) An assistant caregiver is counted in the child/caregiver ratio and assists in the care and supervision of children. An assistant caregiver may not be left to supervise and care for children without the primary caregiver or a substitute caregiver being present in the child-care home at the same time. [Low]
- (b) A substitute caregiver is the caregiver you leave in charge of your child-care home in your absence. You must give the substitute caregiver the authority to administer your child-care home in compliance with the minimum standards and the Licensing law in your absence. Your substitute caregiver may also be counted in the child/caregiver ratio. [Low]

## §747.1207. What minimum qualifications must an assistant caregiver meet?

*Subchapter D, Personnel*

*Division 3, Assistant and Substitute Caregivers*

*October 2018*

A person must meet the following qualifications in order to be an assistant caregiver who is counted in the child/caregiver ratio:

- (1) Be 18 years old, except as provided by §747.1211 of this division (relating to When may I employ a person under the age of 18 or a person who does not have a high school diploma or equivalent as a caregiver?) [Medium];
- (2) Except as provided by §747.1211 of this division, have a:
  - (A) High school diploma [Medium-High];
  - (B) High school equivalent [Medium-High]; or
  - (C) High school certificate of coursework completion, as defined in Texas Education Code, §28.025(d) [Medium-High];
- (3) Have completed orientation to your child-care home [Medium];
- (4) Meet the requirements in 40 TAC of Chapter 745, Subchapter F (relating to Background Checks);
- (5) Have a current record of a tuberculosis (TB) examination showing the caregiver is free of contagious TB, if required by the Texas Department of State Health Services or local health authority [Medium-High]; and
- (6) Complete a notarized Licensing *Affidavit for Applicants for Employment* form as specified in Human Resources Code, §42.059. [Low]

### Technical Assistance

Regarding paragraph (4), background checks ensure children are not cared for by persons with a history of criminal activity, abuse, or neglect.

## §747.1209. What minimum qualifications must a substitute caregiver meet?

*Subchapter D, Personnel*

*Division 3, Assistant and Substitute Caregivers*

*October 2018*

A person must meet the following qualifications in order to be a substitute caregiver who is counted in the child/caregiver ratio:

- (1) Comply with all of the minimum qualifications for an assistant caregiver, as specified in §747.1207 of this division (relating to What minimum qualifications must an assistant caregiver meet?) [Medium-High]; and
- (2) Have training in pediatric first aid and pediatric CPR as required by §747.1313 of this subchapter (relating to Who must have pediatric first-aid and pediatric CPR?). [Medium-High]

### Technical Assistance

In order to maintain a safe and healthy environment for children in care substitute caregivers **who are in charge of children during the primary caregiver's absence must know basic** information regarding minimum standards and understand the principles of child development, like growth, discipline, guidance, and emergency practices, including CPR and First Aid.

## §747.1211. When may I employ a person under the age of 18 or a person who does not have a high school diploma or equivalent as a caregiver?

*Subchapter D, Personnel*

*Division 3, Assistant and Substitute Caregivers*

*April 2017*

- (a) You may employ a 16 or 17 year old who has a high school diploma or its equivalent as an assistant caregiver, provided that [Medium-High]:
  - (1) The person is never in charge of an individual child, never has sole responsibility for a group of children, and does not act as the substitute caregiver in your absence [Medium];

(2) The person works close by and is supervised by you or a qualified caregiver [Medium-High]; and

(3) The person has completed a child-care-related career program, which:

(A) The Texas Education Agency (including a charter school), the Texas Private School Accreditation Commission, other similar educational entity in another state, or federal agency approves [Medium]; or

(B) A home-school approves, and the person completes eight hours of annual training before being placed in a room with children. [Medium]

(b) You may employ a 16, 17, or 18 year old who attends high school but has not graduated as an assistant caregiver, provided that [Medium-High]:

(1) The person is never in charge of an individual child, never has sole responsibility for a group of children, and does not act as the substitute caregiver in your absence [Medium];

(2) The person works close by and is supervised by you or a qualified caregiver [Medium-High];

(3) The person is currently enrolled in or has completed a child-care-related career program, which:

(A) The Texas Education Agency (including a charter school), the Texas Private School Accreditation Commission, other similar educational entity in another state, or federal agency approves [Medium]; or

(B) A home-school approves, and the person completes eight hours of annual training before being placed in a room with children [Medium]; and

(4) The person is expected to obtain a high school diploma or equivalent. [Medium]

#### Technical Assistance

Age 18 is the minimal age a caregiver can be expected to make independent decisions and respond appropriately to the needs of children. A high school diploma or its equivalency is a recognized indicator of basic literacy in our society.



## §747.1213. Does education received outside of the United States count toward caregiver qualifications?

*Subchapter D, Personnel*

*Division 3, Assistant and Substitute Caregivers*

*September 2003*

Yes, however, you must provide supporting information such as a copy of the diploma or letter from the school district to indicate that the education is equivalent to a high school diploma program in the United States. Documents written in a foreign language must be translated into English. [Medium]

### Technical Assistance

The [U.S. Department of Education](#) has more information regarding recognition of foreign qualifications.

## Division 4, Professional Development

### §747.1301. What must orientation for caregivers at my child-care home include?

*Subchapter D, Personnel*

*Division 4, Professional Development*

*October 2018*

Orientation for caregivers at your child-care home must include at least the following:

- (1) An overview of the minimum standards found in this chapter [Medium-High];
- (2) An overview of your operational policies, including discipline and guidance practices and procedures for the release of children, and the provision of copies of these practices and procedures [Medium-High];
- (3) An overview regarding the prevention, recognition, and reporting of child maltreatment, including:
  - (A) Factors indicating a child is at risk of abuse or neglect [Medium];

- (B) Warning signs indicating a child may be a victim of abuse or neglect [Medium];
  - (C) Procedures for reporting child abuse or neglect [Medium]; and
  - (D) Community organizations that have training programs available to child-care staff, children, and parents [Medium];
- (4) An overview of your home's Emergency Preparedness Plan [Medium-High];
  - (5) Locating and using fire extinguishers and first-aid equipment [Medium-High];
  - (6) Recognizing and preventing shaken baby syndrome and abusive head trauma [Medium];
  - (7) Understanding and using safe sleep practices and preventing sudden infant death syndrome (SIDS) [Medium];
  - (8) Understanding early childhood brain development [Medium];
  - (9) Understanding the developmental stages of children [Medium];
  - (10) Preventing and controlling the spread of communicable diseases, including immunizations [Medium];
  - (11) Administering medication, if applicable, including compliance with §747.3603 of this chapter (relating to What authorization must I obtain before administering a medication to a child in my care?) [Medium];
  - (12) Preventing and responding to emergencies due to food or an allergic reaction [Medium];
  - (13) Understanding building and physical premises safety, including identification and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic [Medium];
  - (14) Handling, storing, and disposing of hazardous materials including compliance with §747.3221 of this chapter (relating to Must caregivers wear gloves when handling blood or bodily fluids containing blood?) [Medium]; and
  - (15) Precautions in transporting children if your child-care home transports a child whose chronological or developmental age is younger than nine years old. [Medium]

## §747.1303. What training must I ensure that my caregivers have within certain timeframes?

*Subchapter D, Personnel*

*Division 4, Professional Development*

*October 2018*

You must make sure that each caregiver has the training within the timeframe required in the following chart:

Weight	Type of training:	Who is required to take the training?	When must the training be completed?
Medium-High	(1)(A) Orientation to your child-care home, as specified in §747.1301 of this division (relating to What must orientation for caregivers at my child-care home include), within seven days of employment.	(B) Each caregiver.	(C) Within seven days of employment and before having unsupervised access to a child in care.

Weight	Type of training:	Who is required to take the training?	When must the training be completed?
Medium-High	(2)(A) Pediatric first aid with rescue breathing and choking and pediatric CPR training, as specified in §747.1313 of this division (relating to Who must have pediatric first-aid and pediatric CPR training?).	(B) The primary caregiver, each substitute caregiver, and each assistant caregiver.	(C)(i) For the primary caregiver, before we register or license the child care home, as required by §747.1003 and §747.1103 of this subchapter (relating to When must I meet qualifications to be a primary caregiver?); (C)(ii) For a substitute caregiver, before being counted in the child/caregiver ratio, as required by §747.1209 of this subchapter (relating to What minimum qualifications must a substitute caregiver meet?); (C)(iii) For an assistant caregiver, within 90 days of employment; and (C)(iv) Each caregiver must stay current in this training.

Weight	Type of training:	Who is required to take the training?	When must the training be completed?
Medium-High	(3)(A) 15 clock hours of annual training, as specified in §747.1305 of this division (relating to What areas of training must the annual training for substitute and assistant caregivers cover?).	(B) Each substitute and assistant caregiver in a registered child-care home that is counted in the child/caregiver ratio on more than ten separate occasions in one training year.	(C)(i) Within 12 months of employment; and (C)(ii) During each subsequent 12-month period, and as further required by §747.1311 of this division (relating to When must the annual training be obtained?).
Medium-High	(4)(A) 24 clock hours of annual training, as specified in §747.1305 of this division.	(B) Each substitute and assistant caregiver in a licensed child-care home that is counted in the child/caregiver ratio on more than ten separate occasions in one training year.	(C)(i) Within 12 months of employment; and (C)(ii) During each subsequent 12-month period, and as further required by §747.1311 of this division.
Medium-High	(5)(A) 30 clock hours of annual training, as specified in §747.1309 of this division (relating to What areas of training must the annual training for the primary caregiver cover?).	(B) The primary caregiver.	(C)(i) Within 12 months of employment; and (C)(ii) During each subsequent 12-month period, and as further required by §747.1311 of this division.

Weight	Type of training:	Who is required to take the training?	When must the training be completed?
Medium-High	(6)(A) Two clock hours of transportation training as specified in §747.1314 of this division (relating to What additional training must an employee and caregiver have if the home transports children?).	(B)(i) The primary caregiver, if the operation transports a child whose chronological or developmental age is younger than nine years old; and (B)(ii) Each substitute or assistant caregiver who transports a child whose chronological or developmental age is younger than nine years old.	(C)(i) Prior to transporting children and; (C)(ii) Annually, thereafter.

## §747.1305. What areas of training must the annual training for substitute and assistant caregivers cover?

*Subchapter D, Personnel*

*Division 4, Professional Development*

*March 2023*

- (a) Each caregiver counted in the child/caregiver ratio on more than ten separate occasions in one training year, as specified in §747.1311 of this division (relating to When must the annual training be obtained?) must obtain annual training relevant to the age of the children for whom the caregiver provides care. [Medium]
- (b) At least six clock hours of the annual training hours must be in one or more of the following topics:
- (1) Child growth and development [Medium];
  - (2) Guidance and discipline [Medium];
  - (3) Age-appropriate curriculum [Medium]; and
  - (4) Teacher-child interaction. [Medium]

- (c) If your home provides care for a child younger than 24 months, one hour of the annual training hours must cover the following topics:
- (1) Recognizing and preventing shaken baby syndrome and abusive head trauma [Medium-High];
  - (2) Understanding and using safe sleep practices and preventing sudden infant death syndrome (SIDS) [Medium-High]; and
  - (3) Understanding early childhood brain development. [Medium-High]
- (d) While there are no clock hour requirements for the topics in this subsection, the annual training hours must also include training on the following topics:
- (1) Emergency preparedness [Medium];
  - (2) Preventing and controlling the spread of communicable diseases, including immunizations [Medium];
  - (3) Administering medication, if applicable, including compliance with §747.3603 of this chapter (relating to What authorization must I obtain before administering a medication to a child in my care?) [Medium];
  - (4) Preventing and responding to emergencies due to food or an allergic reaction [Medium];
  - (5) Understanding building and physical premises safety, including identification and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic [Medium]; and
  - (6) Handling, storing, and disposing of hazardous materials including compliance with §747.3221 of this chapter (relating to Must caregivers wear gloves when handling blood or bodily fluids containing blood?). [Medium]
- (e) The remaining annual training hours must be in one or more of the following topics:
- (1) Care of children with special needs [Low];
  - (2) Child health (for example, nutrition and physical activity) [Low];
  - (3) Safety [Low];
  - (4) Risk management [Low];
  - (5) Identification and care of ill children [Low];
  - (6) Cultural diversity for children and families [Low];
  - (7) Professional development (for example, effective communication with families and time and stress management) [Low];

(8) Topics relevant to the particular ages of children in care (for example, caregivers working with infants or toddlers should receive training on biting and toilet training) [Low];

(9) Planning developmentally appropriate learning activities [Low];

(10) Observation and assessment [Low];

(11) Attachment and responsive care giving [Low]; and

(12) Minimum standards and how they apply to the caregiver. [Low]

(f) For an assistant caregiver or substitute caregiver described in §747.1303(3)(B) of this division (relating to What training must I ensure that my caregivers have within certain timeframes?), at least three of the required 15 annual training hours must come from instructor-led training. The remaining 12 required annual training hours may come from self-instructional training, of which no more than three hours may come from self-study training [Medium-Low].

(g) For an assistant caregiver or substitute caregiver described in §747.1303(4)(B) of this division, at least five of the required 24 annual training hours must come from instructor-led training. The remaining 19 required annual training hours may come from self-instructional training, of which no more than three hours may come from self-study training [Medium-Low].

(h) Annual training is exclusive of any requirements for orientation, pediatric first aid and pediatric CPR training, transportation safety training, and any training received through a high school child-care work-study program.

#### Technical Assistance

- Regarding paragraph (b)(1), annual training in child growth and development includes the major domains of child development, which are:
  - Cognitive development;
  - Social development;
  - Emotional development;
  - Physical development; and
  - Approaches to learning.
- Regarding paragraph (d), a caregiver is required to have annual training in topic areas (d)(1)-(d)(6), but the child-care home can determine how many hours a caregiver must have in each of those topics, based on the length of the training, caregiver experience, caregiver duties, etc. For example, the caregiver may have one hour of training in each topic area, or one hour in emergency preparedness, one hour in communicable disease prevention, two hours in medication administration, etc.



## Technical Assistance

- Regarding paragraph (e), additional examples that may fall within the required categories include child mental health, social and emotional learning, and positive behavior interventions and supports.
- Regarding paragraphs (f) and (g), CCR will only evaluate the number of required training hours an assistant or substitute caregiver completes. As long as:
  - An assistant or substitute caregiver in a registered child-care home has at least three hours of instructor-led training; or
  - An assistant or substitute caregiver in a licensed child-care home has at least five hours of instructor-led training.

An assistant or substitute caregiver who exceeds the minimum number of required hours can complete the extra hours through instructor-led or self-instructional training as determined by the primary caregiver.

- **Regarding paragraphs (f) and (g), most of a caregiver’s training should come from sources that allow an assessment of the caregiver’s understanding and feedback from an instructor.** While self-study from materials such as videos, books, and articles provides an opportunity for a caregiver to expand knowledge on subjects of interest to him or her and for which there may not be an established training, this type of training does not assess what the caregiver learned. It is important that the majority of training come from sources **that allow an assessment of the caregiver’s understanding and feedback from an instructor** to ensure that the caregiver appropriately applies the information learned in a child care setting.

## §747.1309. What areas of training must the annual training for the primary caregiver cover?

*Subchapter D, Personnel*

*Division 4, Professional Development*

*March 2023*

- (a) You must obtain at least 30 clock hours of training each year relevant to the age of the children for whom you provide care. [Medium]
- (b) At least six clock hours of the annual training hours must be in one or more of the following topics:
  - (1) Child growth and development [Medium];

- (2) Guidance and discipline [Medium];
- (3) Age-appropriate curriculum [Medium]; and
- (4) Teacher-child interaction. [Medium]

(c) If your home provides care for children younger than 24 months, one hour of the annual training hours must cover the following topics:

- (1) Recognizing and preventing shaken baby syndrome [Medium-High];
- (2) Understanding and using safe sleep practices and preventing sudden infant death syndrome (SIDS) [Medium-High]; and
- (3) Understanding early childhood brain development. [Medium-High]

(d) While there are no clock hour requirements for the topics in this subsection, the annual training hours must also include training on the following topics:

- (1) Emergency preparedness [Medium];
- (2) Preventing and controlling the spread of communicable diseases, including immunizations [Medium];
- (3) Administering medication, if applicable, including compliance with §747.3603 of this chapter (relating to What authorization must I obtain before administering a medication to a child in my care?) [Medium];
- (4) Preventing and responding to emergencies due to food or an allergic reaction;
- (5) Understanding building and physical premises safety, including identification and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic [Medium]; and
- (6) Handling, storing, and disposing of hazardous materials including compliance with §747.3221 of this chapter (relating to Must caregivers wear gloves when handling blood or bodily fluids containing blood?). [Medium]

(e) If you have:

- (1) Five or fewer years of experience as a primary caregiver in a licensed or registered child-care home, you must complete at least six of the annual training hours in management techniques, leadership, or staff supervision [Medium]; or

(2) More than five years of experience as a primary caregiver in a licensed or registered child-care home, you must complete at least three of the annual training hours in management techniques, leadership, or staff supervision. [Low]

- (f) The remainder of annual training hours must be selected from the training topics specified in §747.1305(e) of this chapter (relating to What areas of training must the annual training for substitute and assistant caregivers cover?). [Low]
- (g) You may obtain clock hours or CEUs from the same sources as other caregivers.
- (h) You may not earn training hours by presenting training to other caregivers.
- (i) At least six of the required 30 annual training hours must come from instructor-led training. The remaining 24 required annual training hours may come from self-instructional training, of which no more than three hours may come from self-study training [Medium-Low].
- (j) The 30 clock hours of annual training are exclusive of any requirements for the Licensing pre-application course, pediatric first aid and pediatric CPR training, and transportation safety training.

## Technical Assistance

- Research has shown that caregivers who are better trained are better able to prevent, recognize, and correct health and safety problems.
- Annual ongoing training provides caregivers an opportunity to learn the newest **techniques for addressing children’s behaviors, to discover the latest findings** on what children need as they develop, and to refresh and re-energize their skills.
- Some re-training on previously studied topics is necessary to keep skills and knowledge up-to-date.
- Regarding paragraph (b)(1), annual training in child growth and development includes the major domains of child development, which are:
  - Cognitive development;
  - Social development;
  - Emotional development;
  - Physical development; and
  - Approaches to learning.
- Regarding paragraph (d), a primary caregiver is required to have annual training in topic areas (d)(1)-(d)(6), but the primary caregiver can determine how many hours the primary caregiver must have in each of those topics, based on length of training, primary caregiver experience, etc. For example, the primary caregiver may have one hour of training in each topic area, or one hour in emergency preparedness, one hour in communicable disease prevention, two hours in medication administration, etc.
- Regarding paragraph (i), CCR will only evaluate the number of required training hours a primary caregiver completes. As long as a primary caregiver has at least six hours of instructor-led training, a primary caregiver who exceeds the minimum number of required hours can complete the extra hours through instructor-led or self-instructional training as determined by the primary caregiver.
- **Regarding paragraph (i), most of a primary caregiver’s training should come from sources that allow an assessment of the primary caregiver’s understanding and feedback** from an instructor. While self-study from materials such as videos, books, and articles provides an opportunity for a primary caregiver to expand knowledge on subjects of interest to him or her and for which there may not be an established training, this type of training does not assess what the primary caregiver learned. It is important that the majority of training come from sources that allow an assessment of the primary **caregiver’s understanding and feedback from an instructor to ensure that the primary caregiver** appropriately applies the information learned in a child care setting.

## §747.1311. When must the annual training be obtained?

*Subchapter D, Personnel*

*Division 4, Professional Development*

*April 2017*

- (a) The annual training for a primary caregiver must be obtained within 12 months from the date you are registered or licensed with us and during each subsequent 12-month period. [Low]
- (b) The annual training for each assistant caregiver and substitute caregiver must be **obtained within 12 months from the date of the caregiver's employment and during** each subsequent 12-month period. [Low]
- (c) If a caregiver obtains more than the minimum number of annual training clock hours required, the caregiver may not carry the additional hours over to the next year.

## §747.1313. Who must have pediatric first-aid and pediatric CPR training?

*Subchapter D, Personnel*

*Division 4, Professional Development*

*October 2018*

- (a) The primary caregiver, each substitute caregiver, and each assistant caregiver must have a current certificate of training with an expiration or renewal date in:
  - (1) Pediatric first aid with rescue breathing and choking [Medium-High]; and
  - (2) Pediatric cardiopulmonary resuscitation (CPR). [Medium-High]
- (b) The pediatric CPR:
  - (1) Must adhere to the guidelines for CPR for a layperson established by the American Heart Association, and consist of a curriculum that includes use of a CPR manikin and both written and hands-on skill-based instruction, practice, and testing [Medium-High]; and
  - (2) May be provided through blended learning that utilizes online technology, including self-instructional training, as long as the criteria in paragraph (1) of this subsection is met.

## Technical Assistance

- According to the American Academy of Pediatrics, knowledge of pediatric first aid, including management of a blocked airway and rescue breathing and the confidence to use these skills, are critically important to the outcome of an emergency situation.
- The pediatric CPR training obtained from resources that meet the criteria in paragraph (b)(1) will help ensure that the techniques and information the caregiver receives is up to date.
- Due to the risk of fraudulent CPR and First Aid courses, the American Heart Association (AHA) recommends individuals check with their employer about the course completion cards the employer accepts before paying anyone for CPR and First Aid courses. The AHA further **clarifies:** *"The American Heart Association does not approve training courses created by other organizations, does not allow its course completion cards to be given to students who do not complete the skills check portion of American Heart Association training, and there are no "AHA-compliant" training courses or "AHA-certified" professionals conducting training. An organization that has been approved to issue cards with the AHA logo upon successful completion of an AHA training course should display the "Authorized Training Center" logo to help you know they are authorized."*

## §747.1314. What additional training must an employee and caregiver have if the home transports children?

*Subchapter D, Personnel*

*Division 4, Professional Development*

*October 2018*

- (a) If the home transports children whose chronological or developmental age is younger than nine years old, two clock hours of annual transportation safety training is required for:
- (1) Each employee prior to transporting a child [Medium-High]; and
  - (2) The primary caregiver. [Medium-High]
- (b) The two clock hours of transportation safety training are exclusive of any requirements for orientation, pre-service training, and annual training.

## §747.1315. Must child-care training meet certain criteria?

*Subchapter D, Personnel*

*Division 4, Professional Development*

*April 2017*

(a) Training may include clock hours or CEUs provided by:

- (1) A training provider registered with the Texas Early Childhood Professional Development System Training Registry, maintained by the Texas Head Start State Collaboration Office [Low];
- (2) An instructor who teaches early childhood development or another relevant course at a secondary school or institution of higher education accredited by a recognized accrediting agency [Low];
- (3) An employee of a state agency with relevant expertise [Low];
- (4) A physician, psychologist, licensed professional counselor, social worker, or registered nurse [Low];
- (5) A person who holds a generally recognized credential or possesses documented knowledge relevant to the training the person will provide [Low];
- (6) The primary caregiver who has demonstrated core knowledge in child development and caregiving [Low]; and
  - (A) The primary caregiver only provides training to the caregivers at your home [Low]; and
  - (B) Your home has not been on probation, suspension, emergency suspension, or revocation in the two years preceding the training or been assessed an administrative penalty in the two years preceding the training [Low]; or
- (7) A person who has at least two years of experience working in child development, a child development program, early childhood education, a childhood education program, or a Head Start or Early Head Start program and:
  - (A) Has a current Child Development Associate (CDA) credential [Low]; or
  - (B) **Holds at least an associate's degree in child development, early childhood education, or a related field.** [Low]

(b) Training may include clock hours or CEUs obtained through self-instructional materials, if the materials were developed by a person who meets one of the qualifications in subsection (a) of this section. [Medium-Low]

- (c) Instructor-led and self-instructional training, but not self-study training, must include:
- (1) Specifically stated learning objectives [Medium-Low];
  - (2) A curriculum, which includes experiential or applied activities [Medium-Low];
  - (3) An evaluation/assessment tool to determine whether the person has obtained the information necessary to meet the stated objectives [Low]; and
  - (4) A certificate of successful completion from the training source. [Medium-Low]

## §747.1317. Does Licensing approve training resources or trainers for training hours?

*Subchapter D, Personnel*

*Division 4, Professional Development*

*April 2017*

No. We do not approve or endorse training resources or trainers for training hours. But you must ensure you and your caregivers receive training that:

- (1) Meets the criteria specified in §747.1315 of this title (relating to Must child-care training meet certain criteria?);
- (2) Is relevant to the topics specified in this division; and
- (3) The participants receive original documentation of completion, as specified in this division.

### Technical Assistance

We recommend you:

- Ask the trainer to provide you with a résumé or vita showing relevant experience and education to determine under which criteria of §747.1315(a) the trainer qualifies, and request proof if you have any concerns;
- Make sure a trainer registered with the Texas Early Childhood Professional Development System Training Registry is actually registered and approved to deliver the particular training. The Trainer Registry will indicate the competency area that a trainer has been verified to provide training. The trainer number is only to be used for the specific competency verified by the Trainer Registry;
- If you are obtaining training through reliable sources in the community, make certain the **source has verified the presenter’s qualifications for you;** and



## Technical Assistance

- Ask to preview the materials before entering into an agreement to purchase any training. Your preview should:
  - Make sure the materials contain the information necessary to meet the stated objectives;
  - Look at the evaluation/assessment tool to determine whether the training is of sufficient quality; and
  - Review a copy of the certificate your caregivers will receive to make sure it meets the requirements of §747.1327.

§747.1319. If I am attending, or I have a caregiver who is attending, a college or Child Development Associate/Certified Child-Care Professional credential program, may I count these clock hours toward the annual training requirement?

*Subchapter D, Personnel*

*Division 4, Professional Development*

*September 2003*

Yes. If the training is in a topic specified in this division and you can provide documentation of completion as specified in this division, then you may count this training toward the annual training requirement.

§747.1321. If I hire a caregiver that received training at another operation, may these hours count towards the annual training requirement at my child-care home?

*Subchapter D, Personnel*

*Division 4, Professional Development*

*April 2017*

Training received at another operation can be applied towards the annual training requirements if:

- (1) The caregiver provides documentation of training, as specified in §747.1327 of this title (relating to What documentation must I provide to Licensing to verify that training requirements have been met?);
- (2) The caregiver obtained the training from a child-care center, school-age or before or after-school program, or child-care home that we license or register; and
- (3) The training was obtained within two months before coming to work for your child-care home.

#### Technical Assistance

For example, a caregiver comes to work for you on June 1, 2016 and needs 24 hours of annual training. The caregiver provides documentation that she had 6 hours of appropriate annual training on April 15, 2016 at the child-care center she previously worked for. The caregiver would only need 18 additional hours of annual training for a licensed child-care home or 9 hours for a registered child-care home for June 1, 2016 - May 31, 2017.

## §747.1327. What documentation must I provide to Licensing to verify that caregivers have met training requirements?

*Subchapter D, Personnel*

*Division 4, Professional Development*

*October 2018*

- (a) You must maintain the original certificate or letter documenting the completion of annual training in each caregiver's personnel record at the child-care home. [Medium-Low]
- (b) For annual training to be counted toward compliance with the minimum standards, the trainer or training source must provide the participant with an original certificate or letter showing:
  - (1) The participant's name [Medium-Low];
  - (2) Date of the training [Medium-Low];
  - (3) Title/subject of the training [Medium-Low];
  - (4) The trainer's name, or the source of the training for self-instructional training [Low];
  - (5) The trainer's qualifications, in compliance with §747.1315 of this division (relating to Must child-care training meet certain criteria?) [Low]; and

(6) Length of the training specified in clock hours, CEUs, or college credit hours, as appropriate. [Low]

(c) For pediatric first aid with rescue breathing and choking and pediatric CPR to count toward compliance with the minimum standards:

(1) The certificate or letter must include:

(A) The same information in subsection (b) of this section [Low]; and

(B) The expiration or renewal date of the training, as determined by the organization providing the training [Low]; and

(2) You must maintain:

(A) The original certificate or letter documenting the completion of the **pediatric first aid and pediatric CPR in each caregiver's personnel record** at the home [Low]; or

(B) A photocopy of the original certificate or letter documenting the completion of the pediatric first aid and pediatric CPR in each **caregiver's personnel record at the home, so long as the caregiver is able to provide an original certificate or letter upon Licensing's request.** [Low]

(d) For orientation, you must obtain a signed and dated statement from the caregiver and the person providing the orientation stating the caregiver has received the orientation, or you may obtain an original statement or letter as specified in subsection (b) of this section. [Low]

#### Technical Assistance

- Original certificates help to verify a caregiver actually received the training. A permit holder has the discretion to release training records to a caregiver upon leaving their employment.
- Regarding paragraph (b)(4) and (5), when a caregiver receives training at a conference then the conference sponsors may be responsible for ensuring that all the presenters meet the required trainer qualifications. This may be done instead of listing on the training certificate all the presenters and their qualifications.

## Division 5, Household Members, Volunteers, and People who Offer Contracted Services

§747.1401. Must members of my household meet specific qualifications?

*Subchapter D, Personnel*

*Division 5, Household Members, Volunteers, and People who Offer Contracted Services*

*April 2017*

- (a) For each household member that is 14 years of age or older, the member must:
- (1) Have a current record of a tuberculosis (TB) examination showing the caregiver is free of contagious TB, if required by the Texas Department of State Health Services or local health authority [Low]; and
  - (2) Complete orientation to your child-care home as specified in §747.1403 of this title (relating to What must orientation for household members at my child-care home include?). [Medium]
- (b) Any household member who is counted in the child/caregiver ratio on more than ten separate occasions in one training year, whether paid or unpaid, must meet the minimum qualifications for assistant caregivers and training requirements for caregivers as specified in this subchapter. [Medium-High]
- (c) Any household member who is left in charge of the child-care home in the absence of the primary caregiver, whether paid or unpaid, must meet the minimum qualifications for a substitute caregiver and training requirements for caregivers specified in this subchapter. [Medium-High]
- (d) A household member who is 14 years of age or older, but is not regularly or frequently present at the child-care home while children are in care, must never be left alone with a child in care, unless the household member meets the qualification requirements for caregivers specified in this chapter. [Medium-High]

## Technical Assistance

Training prepares caregivers routinely counted in the child/caregiver ratio with the necessary skills and knowledge to ensure the health and safety of the children in their care.

### §747.1403. What must orientation for household members at my child-care home include?

*Subchapter D, Personnel*

*Division 5, Household Members, Volunteers, and People who Offer Contracted Services*

*October 2018*

The orientation for household members at your child-care home must include at least the following:

- (1) **An overview of your home's child-care policies**, including discipline and guidance practices and the procedures for the release of children, and the provision of copies of these practices and procedures [Medium];
- (2) An overview of symptoms of child maltreatment and the responsibility for reporting these [Medium];
- (3) The procedures to follow in handling emergencies. Emergencies include fire, explosion, tornado, toxic fumes, volatile individuals, and severe injury or illness of a child or adult [Medium]; and
- (4) The location and use of fire extinguishers and first-aid equipment. [Medium]

### §747.1405. What are the minimum qualifications and training requirements for volunteers or any other person under contract with the home?

*Subchapter D, Personnel*

*Division 5, Household Members, Volunteers, and People who Offer Contracted Services*

*December 2010*

The minimum qualifications and training requirements for volunteers or any other person under contract with the home are the same as those specified in §747.1401 of this title (relating to Must members of my household meet specific qualifications?). [Medium-High]

## Technical Assistance

Volunteers, including parents, who only supplement the ratios for field trips and water activities do not have to comply with the minimum standards that apply to assistant caregivers and/or substitute caregivers, but they do have to comply with the relevant minimum standards in Subchapter E of this chapter relating to (Child/Caregiver Ratios and Group Sizes). For example, volunteers counted in the child/caregiver ratio during swimming in two feet of water or more must know how to swim.

## Division 6, General Responsibilities for Caregivers and Household Members

### §747.1501. What general responsibilities do caregivers have in my child-care home?

*Subchapter D, Personnel*

*Division 6, General Responsibilities for Caregivers and Household Members*

*March 2023*

- (a) You and all other caregivers are responsible for seeing that children are:
  - (1) Treated with courtesy, respect, acceptance, and patience [High];
  - (2) Recognized and respected for their uniqueness as an individual [Medium-High];
  - (3) Not abused, neglected, or exploited [High]; and
  - (4) Released only to a parent or a person designated by a parent. [High]
- (b) You and all other caregivers must report suspected abuse, neglect, or exploitation to DFPS as specified in §261.101 of the Texas Family Code. [High]
- (c) You and all other caregivers must also:
  - (1) Demonstrate competency, good judgment, and self-control in the presence of children [High];
  - (2) Know and comply with the minimum standards specified in this chapter [High];
  - (3) Supervise children at all times, as specified in §747.1503 of this division (relating to What responsibilities does a caregiver have when supervising a child or children?);
  - (4) Be free from other activities not directly involving the teaching, care, and supervision of children, such as:
    - (A) Administrative and clerical duties that take the caregiver's attention away from the children [High];
    - (B) Janitorial duties [High]; and
    - (C) Personal use of electronic devices, such as cell phones, MP3 players, and video games. Cell phones may be briefly used for necessary phone calls, as long as appropriate supervision is maintained [High];

- (5) **Provide care that is consistent with the child’s habits, interests, strengths, and any special needs, including any special supervision needs or care as outlined in §747.2107 of this chapter (relating to What are my responsibilities when planning activities for a child in care with special care needs?)** [Medium-High];
- (6) Interact with children in a positive manner. [High]
- (7) **Set appropriate behavior expectations based on the child’s current stage of development** [Medium-High].

#### Technical Assistance

- **Research has shown children’s physical, social, emotional, and intellectual development and safety depend on consistent, caring interaction between children and their caregiver.**
- Regarding paragraph (4)(A), administrative duties are tasks that involve meeting the business needs of a child-care home, such as bookkeeping, enrolling children, etc. A caregiver who is engaged in these tasks is not fully available to meet the health and safety needs of the children in care, including supervising children and preventing situations that could result in a child getting hurt.
- Regarding paragraph (4)(B), janitorial duties include those tasks outlined in §747.123(38) of this chapter (relating to What do certain words and terms mean when used in this chapter?). As with administrative duties, a caregiver who is engaged in these tasks is not fully available to the children in care and is unable to supervise and interact with them in a way that meets their needs and keeps them safe.
- Regarding paragraph (4)(C), a child-care home may use an electronic device, such as a cell phone or tablet, so that **the caregiver can record daily attendance, document a child’s day, take photographs for parents, etc.** However, the caregiver cannot use any electronic device for personal reasons such as texting, using social media, internet browsing, checking email, etc., except as otherwise specified in the rule.



## §747.1503. What responsibilities does a caregiver have when supervising a child or children?

*Subchapter D, Personnel*

*Division 6, General Responsibilities for Caregivers and Household Members*

*March 2023*

(a) The caregiver is responsible for:

- (1) Knowing which children the caregiver is responsible for [High];
- (2) Knowing how many children the caregiver is responsible for [High];
- (3) **Knowing each child's name and having information showing each child's age** [Medium-High];
- (4) **Providing the level of supervision necessary to ensure each child's safety and well-being, including physical proximity and auditory or visual awareness of each child's on going activity as appropriate** [High]; and
- (5) **Being able to intervene when necessary to ensure each child's safety** [High].

(b) In deciding how closely to supervise a child, the caregiver must take into account:

- (1) **The child's chronological age** [Medium-High];
- (2) **The child's current stage of development** [Medium-High];
- (3) **The child's individual differences and abilities** [Medium-High];
- (4) The indoor and outdoor layout of the operation [Medium-High];
- (5) The circumstances, hazards, and risks surrounding the child [Medium-High]; and
- (6) **The child's physical, mental, emotional, and social needs** [Medium-High].

### Technical Assistance

- Supervision is basic to the prevention of harm. Parents have an understanding that caregivers will supervise their children in their absence. Adults who are attentive and **understand young children's behaviors are in the best position to safeguard their well-being.**
- A primary caregiver can also establish an understanding with parents regarding who (when the parent and when the caregiver) is responsible for the child while the parent and the child are both on the grounds. These understandings could be laid out in the enrollment agreement.

## Technical Assistance

- Regarding paragraphs (a)(1) and (a)(2), the caregiver must always know which children he or she is responsible for as well as how many children are in his or her care. This requirement is critical, especially during transitions, to ensure all children are accounted for and appropriately supervised.

## Subchapter E, Child/Caregiver Ratios and Group Sizes

### Division 1, Determining Child/Caregiver Ratios and Group Sizes

#### §747.1601. What is child/caregiver ratio?

*Subchapter E, Child/Caregiver Ratios and Group Sizes*

*Division 1, Determining Child/Caregiver Ratios and Group Sizes*

*September 2003*

The child/caregiver ratio is the maximum number of children one caregiver may be responsible for.

#### §747.1603. How do I determine child/caregiver ratio?

*Subchapter E, Child/Caregiver Ratios and Group Sizes*

*Division 1, Determining Child/Caregiver Ratios and Group Sizes*

*December 2010*

In determining child/caregiver ratio, the following apply:

- (1) The total number of children you may supervise is determined by the ages of the children in the child-care home. [Medium-Low]
- (2) You may use the developmental or emotional age, rather than the chronological age, of a child with special care needs, if this is recommended by a health-care professional or a qualified professional and is documented in the child's record. [Medium-Low]
- (3) All children present, including children related to you, assistant and substitute caregiver's children, and drop-in and part-time children must be counted in the child/caregiver ratio, by age of the child, regardless of the length of time they are present. [Medium]
- (4) You must also count neighborhood children visiting your child-care home, if you are responsible for their care and supervision in the absence of the parent. [Medium]

(5) In a registered child-care home, you may count a child who is at least four years of age and attending a pre-kindergarten program away from the home during the customary school day in the same way children five years old and older who are in care after school hours are counted. The pre-kindergarten program must be operated by or in collaboration with the local school district. [Medium]

#### Technical Assistance

- Research has shown that when caregivers have fewer children to supervise and the group size is limited it reduces the likelihood of injuries and illness in children and increases opportunities for positive interaction with children.
- Excessive numbers of young children may also increase the danger of high caregiver stress and loss of control.

## §747.1605. May I ever care for more than 12 children in my registered or licensed child-care home?

*Subchapter E, Child/Caregiver Ratios and Group Sizes*

*Division 1, Determining Child/Caregiver Ratios and Group Sizes*

*September 2003*

No. The total number of children in care must never exceed 12, and may be fewer than 12 depending on the ages of the children in the child-care home. This number includes all children present in the child-care home and any children in your care away from the child-care home, such as those on a field trip or being transported. [Medium]

## §747.1607. May I reduce the number of caregivers supervising children during naptime?

*Subchapter E, Child/Caregiver Ratios and Group Sizes*

*Division 1, Determining Child/Caregiver Ratios and Group Sizes*

*September 2003*

No. You may not reduce the number of caregivers while children are napping. [Medium-High]

§747.1609. May I adjust the child/caregiver ratio when I am opening and closing my child-care home?

*Subchapter E, Child/Caregiver Ratios and Group Sizes*

*Division 1, Determining Child/Caregiver Ratios and Group Sizes*

*September 2003*

No. You may not reduce the number of caregivers supervising the children during opening and closing times. [Medium]

## Division 2, Regular Ratios and Group Sizes in the Registered Child-Care Home

§747.1701. How many children may I care for in my registered child-care home?

*Subchapter E, Child/Caregiver Ratios and Group Sizes*

*Division 2, Regular Ratios and Group Sizes in the Registered Child-Care Home*

*September 2003*

There must not be more children in your registered child-care home at the same time than is shown in the following chart [Medium-High]:

Number of Children One Caregiver May Care for in a Registered Child-Care Home

Number of children birth through 17 months old	Number of children 18 months and older	Number of children five years old and older after school hours	Maximum number of children allowed in the child-care home at any one time, including children related to the caregiver
0	6	6	12
0	5	7	12
0	4	8	12
0	3	9	12
0	2	10	12
0	1	11	12
0	0	12	12
1	5	4	10
1	4	5	10
1	3	6	10
1	2	7	10
1	1	8	10

Number of children birth through 17 months old	Number of children 18 months and older	Number of children five years old and older after school hours	Maximum number of children allowed in the child-care home at any one time, including children related to the caregiver
1	0	9	10
2	4	2	8
2	3	3	8
2	2	4	8
2	1	5	8
2	0	6	8
3	3	1	7
3	2	2	7
3	1	3	7
3	0	4	7
4	2	0	6
4	1	1	6
4	0	2	6

§747.1703. If I have an additional caregiver present to supervise children in my registered child-care home, may I care for more children?

*Subchapter E, Child/Caregiver Ratios and Group Sizes*

*Division 2, Regular Ratios and Group Sizes in the Registered Child-Care Home*

*September 2003*

If your child-care home is registered, you may not increase the number of children in care if two or more caregivers are caring for the children. [Medium-High]

## Division 3, Regular Ratios and Group Sizes in the Licensed Child-Care Home

§747.1801. How many children may I care for in my licensed child-care home?

*Subchapter E, Child/Caregiver Ratios and Group Sizes*

*Division 3, Regular Ratios and Group Sizes in the Licensed Child-Care Home*

*December 2010*

There must not be more children in your licensed child-care home at the same time than is shown in the following chart [\[Medium-High\]](#):

Number of Children One Caregiver May Care for in a Licensed Child-Care Home

Number of children birth through 17 months old	Number of children 18 months through three years old	Number of children four years old and older	Maximum number of children one caregiver may supervise
0	8	4	12
0	7	5	12
0	6	6	12
0	5	7	12
0	4	8	12
0	3	9	12
0	2	10	12
0	1	11	12
0	0	12	12
1	6	4	11
1	5	5	11
1	4	6	11



Number of children birth through 17 months old	Number of children 18 months through three years old	Number of children four years old and older	Maximum number of children one caregiver may supervise
1	3	7	11
1	2	8	11
1	1	9	11
1	0	10	11
2	5	3	10
2	4	4	10
2	3	5	10
2	2	6	10
2	1	7	10
2	0	8	10
3	3	1	7
3	2	2	7
3	1	3	7
3	0	4	7
4	2	0	6
4	1	1	6
4	0	2	6

## §747.1803. If I have an additional caregiver present to supervise children in my licensed child-care home, may I care for more children?

*Subchapter E, Child/Caregiver Ratios and Group Sizes*

*Division 3, Regular Ratios and Group Sizes in the Licensed Child-Care Home*

*September 2003*

If your child-care home is licensed, then the following child/caregiver ratio and maximum group size applies when two caregivers are caring for the children [\[Medium-High\]](#):

Number of Children Two Caregivers May Care for in a Licensed Child-Care Home

Number of children 0 – 17 months old	Number of children 18 months old and older	Maximum group size and number of children two caregivers may supervise
0	12	12
1	11	12
2	10	12
3	9	12
4	8	12
5	7	12
6	6	12
7	5	12
8	4	12
9	3	12
10	0	10

## §747.1805. Must I limit the ages of children in care if there are three or more caregivers present?

*Subchapter E, Child/Caregiver Ratios and Group Sizes*

*Division 3, Regular Ratios and Group Sizes in the Licensed Child-Care Home*

*September 2003*

If your child-care home is licensed and more than two caregivers are present caring for the children, then you may care for 12 children of any age from birth through 13 years. [Medium-High]

## Division 4, Ratios for Field Trips

§747.1901. Do I need additional caregivers when I take children away from my licensed or registered child-care home for field trips or walks?

*Subchapter E, Child/Caregiver Ratios and Group Sizes*

*Division 4, Ratios for Field Trips*

*September 2003*

- (a) When children are on a field trip and are mixing with children and adults who are not from your child-care home, including but not limited to, trips to the skating rink, shopping, public park, or amusement park, you must meet the following child/caregiver ratio [Medium-High]:

### Ratios for Field Trips

#### Mixing with Other Children or Adults Away from the Child-Care Home

If the age of the youngest child in the <b>group is...</b>	Then you must have (Number) adults to <b>supervise...</b>	Every (Number) children
0 through 23 months	1	3
2 years	1	6
3 years	1	6
4 years	1	9
5 years	1	11
6 years and older	1	12

- (b) The child/caregiver ratio for field trips may include adult volunteers or household members who are not qualified as caregivers only for trips when children are mixing with children and adults who are not from your child-care home, as long as you maintain at least the regular ratio for your registered or licensed child-care home, as applicable, with qualified caregivers. [Medium-High]

- (c) You must maintain the regular child/caregiver ratio specified in this subchapter for registered and licensed child-care homes, as applicable, when children are on a field trip in an enclosed controlled area, including but not limited to, events planned only for your group such as library story time, tours of the fire department, or on a walk in the neighborhood. [Medium]

#### Technical Assistance

Field trips involve higher risk to children and require increased supervision by adults. Injuries and serious incidents are more likely to **occur when a child's surroundings change or when there is a change in routine**. When children are excited or busy playing in unfamiliar areas, they are likely to forget safety measures unless they are closely supervised.

## §747.1903. If I provide transportation, how many caregivers must I have in the vehicle to supervise the children?

*Subchapter E, Child/Caregiver Ratios and Group Sizes*

*Division 4, Ratios for Field Trips*

*September 2003*

- (a) You must have one caregiver in addition to the driver if you transport more than four children who are younger than 24 months. [Medium-High]
- (b) When you transport children two years and older, you must comply with the regular child/caregiver ratio. The driver may be counted in this ratio if the driver meets the caregiver qualifications. [Medium-High]

#### Technical Assistance

Research indicates motor vehicle accidents are the leading cause of death in children in the United States. Additional adults are needed when transporting younger children to free the driver from the distraction of supervising children while driving, and to assist in the evacuation and supervision of children in case of an accident or breakdown.

## Division 5, Ratios for Water Activities

### §747.2001. Must I have additional caregivers for wading/splashing activities?

*Subchapter E, Child/Caregiver Ratios and Group Sizes*

*Division 5, Ratios for Water Activities*

*September 2003*

- (a) Whenever children use a wading or splashing pool (two feet of water or less), you must use the child/caregiver ratio for wading/splashing activities for all children in care. [Medium-High]
- (b) If there is more than one child under 24 months in care, a second adult must be present. [High]
- (c) The maximum number of children one caregiver can supervise while children use a splashing or wading pool (two feet of water or less) is based on the age of the youngest child in the group and is specified in the following chart [Medium-High]:

Ratio for Splashing or Wading Pools (Less Than Two Feet Deep)

If the age of the <b>youngest child is...</b>	Then you must have (number) adults to <b>supervise...</b>	A maximum of (number) children.
0 through 23 months	1	1
0 through 23 months	2	6
2 years	1	5
2 years	2	11
3 years	1	6
4 years	1	12
5 years	1	12
6 years and older	1	12

## §747.2005. What are the child/caregiver ratios for swimming activities?

*Subchapter E, Child/Caregiver Ratios and Group Sizes*

*Division 5, Ratios for Water Activities*

*September 2003*

- (a) When your child-care home uses a swimming pool (more than two feet of water) and four or more children are swimming, there must be at least two caregivers present supervising the children who are swimming. [High]
- (b) The maximum number of children one caregiver can supervise while children are swimming is based on the age of the youngest child in the group. You must use the following child/caregiver ratio for swimming activities [High]:

### Ratio for Swimming Pools (More Than Two Feet Deep)

If the age of the youngest child in the <b>group is...</b>	Then you must have (number) adults to <b>supervise...</b>	Every (number) children.
0 through 23 months	1	1
2 years	1	2
3 years	1	6
4 years	1	8
5 years	1	10
6 years and older	1	12

#### Technical Assistance

**Varying levels of children's comfort and skill in the water** combined with the increased difficulty of seeing children in the water requires closer supervision to reduce the risk of drowning.

## §747.2009. Must I have a certified lifeguard on duty when children are swimming in more than two feet of water?

*Subchapter E, Child/Caregiver Ratios and Group Sizes*

*Division 5, Ratios for Water Activities*

*September 2003*

Yes. When children are swimming in more than two feet of water, a certified lifeguard must be on duty at all times. [High]

## §747.2011. May I count the certified lifeguard in the child/caregiver ratio?

*Subchapter E, Child/Caregiver Ratios and Group Sizes*

*Division 5, Ratios for Water Activities*

*September 2003*

- (a) You must not count the certified lifeguard in the child/caregiver ratio when people other than the children from your child-care home are swimming. [Medium-High]
- (b) If only children from your child-care home are swimming, you may count the certified lifeguard in the child/caregiver ratio, although the lifeguard must never be left alone with any of the children unless the lifeguard is also a qualified caregiver for your child care home. [Medium-High]

### Technical Assistance

The lifeguard has the necessary skills to rescue a child in distress; however, being responsible for assisting and supervising children who are in the water at the same time may take away from their ability to react quickly in an emergency.



## §747.2013. Must persons who are counted in the child/caregiver ratio during swimming know how to swim?

*Subchapter E, Child/Caregiver Ratios and Group Sizes*

*Division 5, Ratios for Water Activities*

*September 2003*

Yes. Each person included in the child/caregiver ratio for swimming in two feet of water or more must be able to swim and must be prepared to do so in an emergency. [High]

### Technical Assistance

The ability to swim is crucial to adequate supervision and safety of children and allows a caregiver to intervene when necessary to protect the child.

## §747.2015. May I include volunteers or household members who do not meet minimum qualifications for caregivers in the child/caregiver ratio for water activities?

*Subchapter E, Child/Caregiver Ratios and Group Sizes*

*Division 5, Ratios for Water Activities*

*September 2003*

Yes. To meet the child/caregiver ratio for splashing/wading and swimming activities, you may include adult volunteers and adult household members who do not meet the minimum qualifications for caregivers specified in Subchapter D of this chapter (relating to Personnel), provided that [Medium-High]:

- (1) You maintain at least the child/caregiver ratios required in Division 2 of this subchapter (relating to Regular Ratios and Group Sizes in the Registered Child-Care Home), or Division 3 of this subchapter (relating to Regular Ratios and Group Sizes in the Licensed Child-Care Home), as applicable, with caregivers who do meet the minimum qualifications for caregivers [Medium-High];
- (2) All persons included in the ratios for water activities must be able to swim and must be prepared to do so in an emergency [High]; and
- (3) You ensure compliance with all other minimum standards, including, but not limited to, standards relating to supervision, discipline, and guidance. [High]

## §747.2017. Must I have additional caregivers for sprinkler play?

*Subchapter E, Child/Caregiver Ratios and Group Sizes*

*Division 5, Ratios for Water Activities*

*September 2003*

We do not require additional caregivers for sprinkler play; however, you must not leave a child alone with the sprinkler equipment. [Medium-High]

## Subchapter F, Developmental Activities and Activity Plan

### §747.2101. What must I consider when providing planned activities for the children in my child-care home?

*Subchapter F, Developmental Activities and Activity Plan*

*March 2023*

You must provide a planned program of activities designed to meet the individual needs and developmental levels of the children in the group. [Medium]

#### Technical Assistance

- Research has shown that learning in young children is the result of interaction between **the child's thoughts and experiences with materials, ideas, and people**. The quality of these interactions is enhanced by providing structure and a variety of opportunities to practice and explore new skills.
- **While planning children's activities, keep in mind the diverse and ever-changing developmental needs of children, the abilities and interests of the children in the group and the importance of children's play in developing physically, emotionally, intellectually and socially.**

### §747.2102. What written activity plans must I follow?

*Subchapter F, Developmental Activities and Activity Plan*

*December 2010*

- (a) You must develop and follow a written activity plan that complies with §747.2103 of this subchapter (relating to What must a written activity plan include?). [Medium]
- (b) The activity plan must include all children in the group regardless of special care needs. [Medium]

#### Technical Assistance

Planning daily activities ensures the children have a variety of activities that meet their developmental needs. A written activity plan helps to clarify for parents the services a home provides and also provides the caregiver with a guideline to follow.

## §747.2103. What must a written activity plan include?

*Subchapter F, Developmental Activities and Activity Plan*

*March 2021*

(a) A written activity plan must:

- (1) List the dates (daily, weekly, or monthly) the plan covers [Medium];
- (2) Outline the specific daily activities, as required by §747.2104 of this subchapter (relating to What specific activities must I include in a written activity plan?) [Medium];
- (3) Include sufficient time for activities and routines so that children can progress at their own developmental rate; and [Medium];
- (4) Not include long waiting periods between activities or prolonged periods during which children stand or sit. [Medium];

(b) A written activity plan may include one or more screen time activities, as specified in §747.2105 of this subchapter (relating to May I use a screen time activity with a child?), if you also include alternative activities for children who do not want to participate. [Medium]

### Technical Assistance

Research indicates children receive significantly more developmental benefits from attending child-care that offers a variety of activities addressing emotional, social, intellectual, and physical development. A planned but flexible program that allows children to make decisions about their activities fosters independence and creative expression.

## §747.2104. What specific activities must I include in a written activity plan?

*Subchapter F, Developmental Activities and Activity Plan*

*March 2021*

(a) You must include these daily activities in your written activity plan:

- (1) A minimum of two daily opportunities for outdoor play, weather permitting, in which a child makes use of both small and large muscles [Medium];

(2) A balance of active and quiet play that incorporates group and individual activities both indoors and outdoors [Medium];

(3) Child-initiated activities where:

(A) The equipment, materials, and supplies are within reach of the child [Medium];  
and

(B) The child chooses the **activity on the child’s own initiative** [Medium];

(4) Caregiver-initiated activities that the caregiver directs or chooses, at least two of which must promote movement [Medium];

(5) Regular meal and snack times as specified in Subchapter Q of this Chapter (relating to Nutrition and Food Service) [Medium]; and

(6) Supervised naptimes or rest times. [Medium]

(b) Your written activity plan must also include the approximate times that each child may engage in outdoor play and moderate to vigorous active play, as provided in Figure 26 TAC §747.2104(b). [Medium]

Figure: 26 TAC §747.2104(b)

Type of Play	Amount of Time a Child May Engage in Activities
(1) A minimum of two daily opportunities for outdoor play, weather permitting, in which the child makes use of both small and large muscles	(A) An infant birth through 12 months of age may engage in outdoor play for an amount of time as tolerated by the infant; and  (B) An infant 13 months through 17 months of age, a toddler, or a pre-kindergarten age child must engage in outdoor play for a minimum of 60 total minutes daily.

Type of Play	Amount of Time a Child May Engage in Activities
(2) Opportunities for active play that incorporate group and individual activities both indoors and outdoors	<p>(A) A toddler must engage in moderate to vigorous active play for a minimum of 60 minutes daily; and</p> <p>(B) A pre-kindergarten age child must engage in moderate to vigorous active play for a minimum of 90 minutes daily.</p>

(c) Children in your care must be able to engage in outdoor and active play for the times provided in subsection (b) if your home:

(1) Has more than one caregiver [Medium]; or

(2) Only cares for one age range of children described in subsection (b)(1) and (b)(2) of this section. For example, if your home does not care for an infant birth through 12 months of age, you must allow the children in your care to engage in outdoor play for 60 total minutes. [Medium]

(d) If your home only has one caregiver and cares for more than one age range of children described in subsection (b)(1) and (b)(2) of this section, children in care must engage in outdoor and active play for the time required for the younger age group. [Medium]

## Technical Assistance

- Regarding paragraph (b)(1) of this section and outdoor play:
  - For an infant from birth through 12 months of age, there is no recommended total minutes of outdoor play;
  - You may divide the total minutes of outdoor play into shorter time frames that total 60 minutes;
  - You may accommodate weather and air quality by adjusting the scheduled outdoor **play, the length of time outdoors, and children’s clothing**;
  - When you shorten or cancel outdoor play to accommodate weather or air quality, you should increase the time of indoor physical activity so the total amount of physical activity remains the same; and
  - You should incorporate opportunities to actively enjoy physical activity into part-time programs by prorating these requirements accordingly (e.g. 20 minutes of outdoor play for every three hours at the center).
  - Regarding paragraph (b)(2) of this section and active play: Opportunities for active play may overlap with outdoor play and do not need to be counted separately (e.g. 30 minutes of active outdoor play that includes moderate to vigorous physical activity may be counted toward the required 60 or 90 minutes of active play).
- Outdoor play provides for greater freedom and flexibility, fuller expression through loud talk, and a greater range of active movement. Outdoor play also extends opportunities for large muscle development, social-emotional development, and small muscle development by offering variety, challenge, and complexity in ways that are not attainable in a confined indoor space.

## §747.2105. May I use a screen time activity with a child?

*Subchapter F, Developmental Activities and Activity Plan*

*March 2021*

(a) You may not use a screen time activity for a child under the age of two years.

[Medium]

(b) You may use a screen time activity to supplement, but not to replace, an activity with a child who is two years old or older that is described in §747.2407 of this chapter (relating to What activities must I provide for a toddler?), §747.2507 of this chapter (relating to What activities must I provide for a pre-kindergarten age child?), and §747.2607 of this chapter (relating to What activities must I provide for a school-age child?). [Medium]

(c) If you use a screen time activity for a child at your home, you must ensure that the activity:

- (1) Is related to the planned activities that meet educational goals [Medium];
- (2) Is age-appropriate [Medium]; and
- (3) Does not exceed one hour per day [Medium];
- (4) Is not used during mealtime, snack times, naptimes, or rest times [Medium];
- (5) Does not include advertising or violence [Medium]; and
- (6) Is turned off when not in use. [Medium]

(d) A school-age child may use screen time without restriction for homework. [Medium]

#### Technical Assistance

- The requirements for screen time activities are consistent with the [Caring for Our Children: National Health and Safety Performance Standards, 4th Edition](#).
- For children under the age of two no media time is recommended since during the first two **years of life children’s brains and bodies are going through critical periods of growth and development**. It is important that very young children have positive social interactions with their parents and caregivers instead of through media time that takes away from these vital interactions.
- Excessive media use has been associated with lags in achievement of knowledge and skills, as well as negative impacts on sleep, weight, and social and emotional health.
- Children should view screen time activities with an adult who can help the children apply what they are learning to the world around them.
- Research indicates that screen time is most appropriate and offers the most benefit when children are actively engaged with the content they are viewing. Labeling objects, identifying people on screen, and asking questions are all active viewing **strategies that maximize children’s learning during screen time**.
- Caregivers serve as role models and should not be using digital media that is not directly involved in the care of children. Also see §747.1501(c)(6)(C) of this chapter, which does not allow caregivers to use personal electronic devices, such as cell phones, tablets, and video games that are not directly involved in the teaching, care, or supervision of children in care. Cell phones may be used briefly for necessary phone calls, as long as appropriate supervision is maintained.



## Technical Assistance

- Screen time activities apply to media content a child views. Listening to music playing on a television is not included as a screen time activity as long as the child is not watching videos or a display that accompanies the music.
- Regarding paragraph (c)(3), the one hour limit on screen time does not apply to field trips away from the home.
- **Regarding paragraph (d), homework refers to assignments given by a child’s public, private, or charter school teacher that are intended to be completed outside of regular school hours. Homework does not include work assigned by the child-care home.**

## §747.2107. What are my responsibilities when planning activities for a child in care with special care needs?

*Subchapter F, Developmental Activities and Activity Plan*

*March 2023*

You must:

- (1) Provide a child with special care needs with the accommodations recommended by [Medium-High]:
  - (A) A health-care professional; or
  - (B) A qualified professional affiliated with the local school district or early childhood intervention program;
- (2) Utilize as recommended any adaptive equipment that has been provided to the home for a **child’s use** [Medium-High];
- (3) Ensure that a child who receives early intervention services or special education services can receive those services from a qualified service provider at your home, with parental request and approval [Medium-High];
- (4) Ensure that activities integrate children with and without special care needs [Medium-High]; and
- (5) Ensure that caregivers adapt equipment and procedures and vary methods as necessary to ensure that you care for a child with special needs in a natural environment [Medium-High].

## Technical Assistance

- Research has shown that children with disabilities benefit from learning alongside their peers in high-quality inclusive settings. One study found that young children with disabilities in high-quality inclusive early childhood programs made larger gains in their cognitive, communication, and social-emotional development compared to their peers in segregated settings. In addition, inclusion has benefits for all children, not just children with disabilities. Young children without disabilities who participate in an inclusive classroom learn life skills such as empathy and compassion.
- Child-care programs can be a great resource for parents who have questions about their **child’s development and specialized services available in the community. In order to best serve parents who have questions about their child’s development, a child-care** home should make available to parents information regarding early intervention services in the community. Access to such information enables parents to request an evaluation of their **child’s development from experts who are qualified to assess the child’s development and recommend appropriate services for the child.** [Early Childhood Intervention Services](#) (ECI) has additional information regarding the specific services they provide, as well as locations in your community.
- **If a child’s parent has shared with the child-care** home an Individualized Educational Program (IEP) from a school district or an Individualized Family Service Plan (ISFP) from ECI, the child-care home should make every effort to incorporate the plan, where **applicable, into the child’s daily activities.**
- The child-care home is not responsible for the purchase or maintenance of adaptive equipment recommended for a child.
- The child-care home is not responsible for ensuring ECI or another qualified service provider visits the home to provide services. However, the child will receive the benefit of services in a natural environment and the caregiver will learn methods for best serving the child when the home encourages caregivers to incorporate ECI or another service provider into activities.
- A child-care home is considered a place of public accommodation under the Americans with Disabilities Act (ADA), Title III, because it holds itself out to the public as a business. [Americans with Disabilities Act \(ADA\), Title III \(Title 3\) & Child Care Operations – FAQ](#) and [Commonly Asked Questions About Child Care Centers and the Americans with Disabilities Act](#) have additional information regarding ADA and child-care operations.

## Subchapter H, Basic Care Requirements for Infants

### §747.2301. What are the basic care requirements for infants?

*Subchapter H, Basic Care Requirements for Infants*

*April 2017*

Basic care for infants must include:

- (1) Individual attention given to each infant including playing, talking, cuddling, and holding [Medium-High];
- (2) Holding and comforting an infant who is upset [Medium-High];
- (3) Prompt attention given to physical needs, such as feeding and diapering [Medium-High];
- (4) Talking to infants as they are fed, changed, and held, such as naming objects, singing, or saying rhymes [Medium-High]; and
- (5) Ensuring objects less than 1 and 1/4 inches in diameter are kept out of the reach of infants or toddlers. [High]

#### Technical Assistance

- Regarding paragraph (3), the American Academy of Pediatrics (AAP) recommends that the wishes of children, regardless of their ages, should always be respected with regard to physical contact and their comfort/discomfort with it. If a child indicates that the child **does not wish to be held or comforted, even "friendly contact" with a child should be avoided.**
- Regarding paragraph (5), objects, materials, and toys less than 1 and ¼ inches in diameter can be stored in places where children of certain age groups may not have access to them. Examples of items that present a choking hazard for infants and toddlers include coins, balloons, safety pins, marbles, Styrofoam© and similar products, and sponge, rubber, or soft plastic toys.

## §747.2303. How must I arrange the space where I care for infants?

*Subchapter H, Basic Care Requirements for Infants*

*September 2003*

The room arrangement of the infant care area must:

- (1) Make it possible for caregivers to see and/or hear infants and be able to intervene when necessary [High];
- (2) Include safe, open, floor space for floor time play [Medium-High];
- (3) Have cribs far enough apart so that one infant may not reach into another crib [Medium-High]; and
- (4) Provide caregivers enough space to walk and work between cribs, cots, and mats. [Medium-High]

### Technical Assistance

Infants need calm environments away from the stimulation of older children. Placing cribs far enough apart to prevent one infant from reaching into the crib of another infant protects the safety of the infants. This spacing also reduces the likelihood of transmission of infectious respiratory diseases spread by large droplets generated by a sneeze or cough, and can be effective in controlling the spread of other infectious diseases in the child care environment.

## §747.2305. What furnishings and equipment must I have available for infants?

*Subchapter H, Basic Care Requirements for Infants*

*March 2023*

Furnishings and equipment for infants must include at least the following:

- (1) An individual crib to sleep in for each non-walking infant younger than 12 months of age [Medium-High];
- (2) An individual crib, cot, bed, or mat that is waterproof or washable for each [Medium-High]:
  - (A) Walking infant; and

(B) Non-walking infant 12 months of age or older;

(3) A sufficient number of toys to keep the infants engaged in activities. [Medium-High]

#### Technical Assistance

- Paragraphs (1) and (2) outline the specific sleep equipment the home must provide for each infant. Aside from a non-walking infant younger than 12 months of age who is required to sleep in a crib, the rule does not specify whether an older infant must sleep in a crib, cot, bed, or mat. Transitioning an infant from a crib to a cot, bed, or mat will **depend on the individual infant's development, sleep habits, etc. and is not solely dependent on the child's age.**
- While not required, a chair or rocker allows the caregiver to hold, rock, comfort, talk, sing, and read to infants in an intimate, nurturing manner. It also provides a place for a mother to breastfeed her child.

## §747.2307. Must the equipment I use for infants be equipped with safety straps?

*Subchapter H, Basic Care Requirements for Infants*

*April 2017*

If the manufacturer requires safety straps on a chair, swing, stroller, infant carrier, bouncer seat, or similar type of equipment, then the safety straps must be fastened whenever a child is using the equipment. [Medium-High]

## §747.2309. What specific safety requirements must my cribs meet?

*Subchapter H, Basic Care Requirements for Infants*

*April 2017*

(a) All full-size and non-full-size cribs must have:

- (1) A firm, flat mattress that snugly fits the sides of the crib and that is specifically designed for use with the crib model number. The mattress must not be supplemented with additional foam material or pads [Medium-High];
- (2) Sheets that fit snugly and do not present an entanglement hazard [Medium-High];
- (3) A mattress that is waterproof or washable [Medium-High];

- (4) Secure mattress support hangers, and no loose hardware or improperly installed or damaged parts [Medium-High];
- (5) A maximum of 2 3/8 inches between crib slats or poles [Medium-High];
- (6) No corner posts over 1/16 inch above the end panels [High];
- (7) No cutout areas in the headboard or footboard that would entrap an infant's head or body [High];
- (8) Drop gates, if present, which fasten securely and cannot be opened by a child [High]; and
- (9) Documentation that each crib meets the applicable federal rules at Title 16, Code of Federal Regulations, Parts 1219 or 1220, concerning "Safety Standards for Full-Size Baby Cribs" and "Safety Standards for Non-Full-Size Baby Cribs," respectively, or documentation that each crib is a medical device listed and registered with the U.S. Food and Drug Administration. [High]

(b) You must sanitize each crib when soiled and before another infant uses the crib. [Medium-High]

(c) You must never leave an infant in a crib with the drop gate down. [High]

#### Technical Assistance

- Research shows more babies die in incidents involving cribs than with any other piece of nursery equipment.
- Non-full-size cribs may be either smaller or larger than a full size crib, or shaped differently than the usual rectangular crib. The category of non-full-size cribs includes oversized, specialty, undersized, and portable cribs, but does not include any product with mesh/net/screen siding, non-rigidly constructed cribs, cradles, car beds, baby baskets or bassinets. For requirements for play yards, which are mesh or fabric sided products, see §747.2311.
- Regarding paragraph (1), a mattress is too loose if there are more than two finger widths between the edge of the mattress and the crib side.
- Regarding paragraph (5) if a soda can fits easily between the slats on a crib, the slats are too wide.
- Regarding paragraph (9):
  - Cribs manufactured before 06/28/2011 may not meet the safety standards established by the Consumer Product Safety Commission (CPSC).

## Technical Assistance

- Documentation that you may use to verify your crib is in compliance with CPSC regulations includes the certificate of compliance, registration card, or tracking label. You may request this documentation from the manufacturer or retailer.
- Cribs manufactured before 06/28/2011 may not meet the safety standards established by the Consumer Product Safety Commission (CPSC).
- The applicable federal rules at Title 16, Code of Federal Regulations, Part 1219, concerning "Safety Standards for Full-Size Baby Cribs" are the rules amended on December 9, 2013. You can review them [here](#).
- The applicable federal rules at Title 16, Code of Federal Regulations, Part 1220, concerning "Safety Standards for Non-Full-Size Baby Cribs," are the rules effective on December 28, 2010. You can review them [here](#).
- Documentation that you may use to verify your crib is in compliance with CPSC regulations includes the certificate of compliance, registration card, or tracking label. You may request this documentation from the manufacturer or retailer.
- The certificate of compliance is a document that describes the crib and whether the crib complies with 16 CFR 1219 or 16 CFR 1220. The certificate includes the contact information for the importer or domestic manufacturer and the testing lab. It also lists the date and location of manufacture and testing.
- The registration card is a postage-paid form provided by the crib manufacturer. The card includes the manufacturer's name and contact information, model name, model number, and the date of manufacture.
- The tracking label is attached to the crib and contains basic information such as the date of manufacture and the source of the crib.
- You may find additional guidance on obtaining supporting documentation for your cribs on the CPSC website at <http://www.cpsc.gov>.
- In order to maintain the required documentation for each crib consider developing a system to easily tie the required documentation to the appropriate crib. Examples may include photographs of each crib attached to the documentation or a tracking sheet that includes information such as the date of purchase, manufacturer and model number, date of manufacture, and what documentation is on file (certificate of compliance, tracking

## Technical Assistance

label, or registration card).

- **A crib that meets the definition of “device” in the Federal Food, Drug, and Cosmetic Act (21 U.S.C. § 201(h)) is subject to regulation by the Food and Drug Administration (FDA), not CPSC. A crib that is not a “device” is subject to CPSC’s crib standards.**

## §747.2311. Are play yards allowed?

*Subchapter H, Basic Care Requirements for Infants*

*April 2017*

You may use a play yard, which is a mesh or fabric sided crib, if it meets the following safety requirements:

- (1) The play yards must be used according to the manufacturer's instructions, including the cleaning of the play yard [Medium-High];
- (2) Play yards must have:
  - (A) A firm, flat mattress that snugly fits the sides of the play yard and that is designed by the manufacturer specifically for the play yard model number. The mattress must not be supplemented with additional foam material or pads [Medium-High];
  - (B) Sheets that fit snugly and do not present an entanglement hazard [Medium-High];
  - (C) A mattress that is waterproof or washable [Medium-High];
  - (D) Secure mattress support hangers, and no loose hardware or improperly installed or damaged parts [Medium-High];
  - (E) A minimum height of 22 inches from the top of the railing to the mattress support at its lowest level [Medium-High];
  - (F) Folded sides that securely latch in place when raised [Medium-High];
  - (G) For play yards that have mesh sides, mesh openings that are 1/4 inch or less [Medium-High]; and
  - (H) Mesh or fabric that is securely attached to the top rail, side rail, and floor plate [Medium-High]; and
- (3) You must never leave an infant in a play yard with a side folded down. [High]



## §747.2313. Are stacking wall cribs allowed?

*Subchapter H, Basic Care Requirements for Infants*

*April 2017*

You may use a stacking wall crib that meets the requirements specified in §747.2309 of this title (relating to What specific safety requirements must my cribs meet?), and you:

- (1) Do not stack more than two cribs [Medium-High];
- (2) Only use a stacked crib for an infant who cannot stand or is able to stand without hitting the infant's head on either the top crib or the ceiling above the top crib [Medium-High];
- (3) Use the crib according to manufacturer's directions [Medium-High]; and
- (4) Securely latch the crib's doors/gates anytime an infant is in the crib. [Medium-High]

## §747.2315. What specific types of equipment am I prohibited from using with infants?

*Subchapter H, Basic Care Requirements for Infants*

*March 2023*

(a) You may not use the following equipment for infants, which has been identified as unsafe for infants by the Consumer Product Safety Commission and the American Academy of Pediatrics:

- (1) Baby walkers, which are devices that allow an infant to sit inside a walker equipped with rollers or wheels and move across the floor [Medium-High];
  - (2) Baby doorway jumpers, which are devices that allow an infant to bounce while supported in a seat by an elastic "bungee cord" suspended from a doorway [Medium-High];
  - (3) Accordion safety gates [Medium-High]; and
  - (4) Bean bags, waterbeds, and foam pads used as sleeping equipment. [High]
- (b) Except for a tight-fitting sheet and as provided in subsection (c), the crib or play yard must be bare for an infant younger than twelve months of age. [High]

- (c) A crib mattress cover may also be used to protect against wetness, but the cover must:
- (1) Be designed specifically for the size and type of crib and crib mattress that it is being used with [Medium-High];
  - (2) Be tight fitting and thin [Medium-High]; and
  - (3) Not be designed to make the sleep surface softer. [High]

#### Technical Assistance

- Regarding paragraph (a)(1), baby walkers present a hazard due to risk of falls down stairs or steps, and tipping over thresholds or carpet edges. They provide infants accessibility to potentially hot surfaces such as oven doors, heaters, and fireplaces; containers of hot liquids such as coffee, soup, or cooking oils; dangling appliance cords; poisonous plants, hazardous materials, and buckets, toilets, or other containers of water.
- Regarding paragraph (a)(2), baby doorway jumpers require individual supervision of the infant and are not appropriate for use in a group setting. A caregiver, alone with children of mixed ages to supervise, would not be able to provide the one-on-one supervision this type of equipment requires, if they are to be used safely.
- Regarding paragraph (a)(3), accordion gates with large V-shaped openings along the top edge and diamond shaped openings between the slats present entrapment and entanglement hazards resulting in strangulation, choking, or pinching to infants who try to crawl through or over the gate.
- Regarding paragraph (b), studies on SIDS support eliminating soft bedding materials, sleep positioning devices, and stuffed toys used for infants under twelve months.

## §747.2317. What activities must I provide for an infant?

*Subchapter H, Basic Care Requirements for Infants*

*March 2021*

Daily activities for an infant must include at least the following:

- (1) Opportunities for outdoor play, weather permitting, as specified in §747.2104 of this chapter (relating to What specific activities must I include in a written activity plan?) [Medium];
- (2) Multiple opportunities to explore that ensure the infant is:
  - (A) Outside the crib [Medium-High]; and
  - (B) Not seated in any restrictive device for more than 15 minutes, unless the infant is eating or being transported [High];
- (3) Opportunities for physical activity, including supervised tummy time, reaching, grasping, pulling up, creeping, crawling, and walking in a safe, clean, uncluttered area [Medium-High];
- (4) Opportunities for visual stimulation through nonverbal communication. Examples of age-appropriate equipment include large pictures of faces and familiar objects; simple, soft, washable books and toys; unbreakable mirrors or mobiles attached to cribs visible from the baby's position; and brightly patterned crib sheets [Medium-High];
- (5) Opportunities for auditory stimulation. Examples of age-appropriate equipment or activities include verbal communication, soothing music, and musical or sounding toys [Medium-High];
- (6) Opportunities for sensory stimulation. Examples of age-appropriate equipment include surfaces, fabrics, textured toys, or washable dolls, and toy animals [Medium-High];
- (7) Opportunities for small-muscle development. Examples of age-appropriate equipment or activities include busy boxes, rattles, teething toys, grasping toys, shaking or squeezing toys, or cloth toys [Medium-High]; and
- (8) Opportunities for large-muscle development. Examples of age-appropriate equipment or activities include blankets or quilts for floor or supervised tummy time, crib and play gyms, variety of light-weight balls, or pillows or supportive equipment for those learning to sit up. [Medium-High]

## Technical Assistance

- Each infant should follow an individual schedule that will vary based on the **infant's individual** needs, but caregivers should offer a variety of opportunities that aid in the development of social, cognitive, and motor skills. Participation in activities will be dependent on the ability and developmental level of each individual infant. For example, an infant who cannot roll over independently or crawl may engage regularly in supervised tummy time, while an infant with more advanced gross motor skills may practice crawling or pulling up to stand instead of supervised tummy time.
- Regarding paragraph (3) of this section and supervised tummy time, please see §747.2318 for additional requirements relating to tummy time.
- You should always encourage the least restrictive environment when planning activities for infants.

## §747.2318. What are the requirements when an infant is engaged in tummy time?

*Subchapter H, Basic Care Requirements for Infants*

*June 2022*

When an infant is positioned for tummy time activities, you must:

- (1) Ensure that you can see and hear the infant [High];
- (2) **Move the infant into another position as necessary to maintain the infant's comfort and safety [High];** and
- (3) **If the infant has fallen asleep, move the infant immediately to the infant's crib and position the infant on the infant's back as required by §747.2327 of this subchapter (relating to Are infants required to sleep on their backs?) [High].**

## Technical Assistance

- Tummy time is for an infant who is awake and being watched. You must be able to both see and hear an infant who is on his or her tummy so that you can intervene if the infant falls asleep or has difficulty breathing. If you must step away from the room where an infant is in tummy time and will no longer be able to see and hear the infant, you must remove the infant from tummy time.
- You should play and interact with the infant while the infant is awake and on the tummy throughout each day for a short period of time (3-5 minutes), increasing the amount of time as the infant shows he or she likes the activity.
- **Providing tummy time throughout the day develops an infant's arm, shoulder, stomach, and back strength.** It also prepares the infant for rolling and crawling. Tummy time gives the infant a new perspective on the world, which builds thinking skills. When an infant reaches for toys in tummy time, the infant is developing arm, hand, and finger skills, and hand-eye coordination. Once an infant can over independently or crawl, other activities are **more appropriate for the infant's development.**
- You can find more information about tummy time in the [CCR TA Library](#), on the [American Academy of Pediatrics' website: Back to Sleep, Tummy to Play](#), and on [Zero to Three's website: Top 5: What You Need to Know About Tummy Time](#).

## §747.2319. Are there specific requirements for feeding infants?

*Subchapter H, Basic Care Requirements for Infants*

*April 2017*

Yes. You must:

- (1) Hold infants who are unable to sit unassisted in a high chair or other seating equipment while feeding them [Medium-High];
- (2) Never prop or support bottles with some object. The infant or an adult must hold the bottle [High];
- (3) Provide regular snack and meal times for infants who eat table food [High];

- (4) Ensure infants no longer being held for feeding are fed in a safe manner [Medium-High];
- (5) Label, color-code, or otherwise distinguish among bottles and training cups used by different infants [Medium-High];
- (6) Never allow infants to walk around with or sleep with a bottle or training cup [Medium-High];
- (7) Never use the bathroom sink or diaper-changing surface for food preparation, or for washing food service/preparation equipment, bottles, pacifiers or toys [Medium-High]; and
- (8) Sanitize high chair trays before each use. [Medium-High]

#### Technical Assistance

- Regarding paragraph (2), research has shown that propping bottles can cause choking, aspiration, and increased risk for development of ear infections, tooth decay, and injuries to the teeth, as well as depriving infants of much-needed face-to-face interaction.
- Regarding paragraph (7), using diaper changing surfaces and hand-washing sinks for food preparation or for washing items used for food service increases the spread of germs from cross contamination.

## §747.2321. What written, feeding instructions must I obtain for an infant not ready for table food?

*Subchapter H, Basic Care Requirements for Infants*

*April 2017*

- (a) For an infant who is not ready for table food, you must obtain and follow written feeding instructions that are signed and dated by the infant's parent or health-care professional. [Medium]
- (b) You must review and update the feeding instructions with the parent every 30 days until the infant is able to eat table food. [Medium]

## Technical Assistance

- **Regarding paragraph (a), “table food” refers to** non-baby food and regular, non-pureed meals and snacks provided to other children in the child-care home. If parents, rather than the child-care home, provide meals, written feeding instructions are still required because infants not yet ready for table food have rapidly changing nutritional needs. The amount of formula or breastmilk, baby cereal, and types of baby food changes multiple times **throughout the infant’s early stages. Caregivers must have updated information to ensure** they are feeding each infant according to the current needs of the infant.
- Written feeding instructions ensure that all caregivers have clear instructions for feeding infants. Each infant's needs vary greatly during this critical time of growth and development.
- Reviewing and updating feeding instructions every 30 days ensures that caregivers are following parent instructions as the nutritional needs of the infants change.

## §747.2323. What are the requirements regarding a regularly scheduled naptime for infants?

*Subchapter H, Basic Care Requirements for Infants*

*March 2023*

Each infant must have a nap period that:

- (1) Allows the infant to maintain his or her own pattern of sleeping and waking periods [Medium]; and
- (2) Is supervised by the caregiver to ensure auditory or visual awareness of the infant in accordance with §747.1503 of this chapter (relating to What responsibilities does a caregiver have when supervising a child or children?). [High]

## Technical Assistance

A caregiver who uses auditory supervision and is unable to see an infant during the infant's naptime should consider:

- Leaving doors open or using a baby monitor to better hear the infant; and
- Visually checking the infant throughout the infant's nap to ensure the infant's head is uncovered and the infant's breathing is normal.

## §747.2324. Where must an infant sleep?

*Subchapter H, Basic Care Requirements for Infants*

*March 2023*

An infant must sleep:

- (a) In a designated crib, cot, bed, or mat as required by §747.2305 of this subchapter (relating to What furnishings and equipment must I have available for infants?) [High]; and
- (b) In an area where the caregiver has auditory or visual awareness of the infant [High].

## §747.2325. How long are infants allowed to remain in their cribs after awakening?

*Subchapter H, Basic Care Requirements for Infants*

*April 2017*

An infant may remain in the crib for up to 30 minutes after awakening, as long as the infant is content and responsive. [Medium]

## Technical Assistance

Exploring outside of the crib gives infants freedom of movement, which cannot be met in swings, infant carriers, strollers, or otherwise physically limiting equipment.



## §747.2326. May I allow infants to sleep in a restrictive device?

*Subchapter H, Basic Care Requirements for Infants*

*March 2023*

- (a) If you do not have a Sleep Exception Form that includes a signed statement from a health-care professional stating that the child sleeping in a restrictive device is medically necessary:
- (1) You may not allow an infant to sleep in a restrictive device [High]; and
  - (2) If an infant falls asleep in a restrictive device, you must remove the infant from the device and place the infant in a crib as soon as possible [High].
- (b) You may allow an infant to sleep in a restrictive device if you have a completed Sleep Exception Form that includes a signed statement from a health-care professional stating that the infant sleeping in a restrictive device is medically necessary.

### Technical Assistance

- Infants sleeping in restrictive devices are at risk for strangulation, injury, and positional asphyxiation. Documentation from a health-care professional is required for an infant to sleep in a device other than a CPSC approved crib.
- Infants arriving at the child-care home asleep in a car seat must be removed from the car seat and placed in a crib. You must not place the car seat in the crib with a sleeping infant.

## §747.2327. How must I position an infant for sleep?

*Subchapter H, Basic Care Requirements for Infants*

*March 2023*

- (a) You must place an infant in a face-up sleeping position in the infant's own crib, unless you have a completed Sleep Exception Form that includes a signed statement from a health-care professional stating that a different sleeping position for the infant is medically necessary [High].
- (b) An infant who is developmentally able to roll from back to stomach and stomach to back may do so independently after you have placed the infant in a face-up position for sleep.

## Technical Assistance

- Sudden Infant Death Syndrome (SIDS), the sudden and unexplained death of an infant, is the major cause of death in babies between 1 and 4 months old. After 30 years of research, scientists still cannot find a cause for SIDS; however, research has found the risk of SIDS may be reduced by placing a healthy infant on his or her back to sleep.
- If the infant was born with special needs, has gastroesophageal reflux, often spits up after eating, or has a breathing, lung or heart problem, a doctor or nurse may recommend a different sleep position to use.
- For additional information, see the CDC webpage [Safe Sleep for Babies](#).

## §747.2328. May I swaddle an infant to help the infant sleep?

*Subchapter H, Basic Care Requirements for Infants*

*April 2017*

You may not lay a swaddled infant down to sleep or rest on any surface at any time, unless you have a completed Sleep Exception Form that includes a signed statement from a health-care professional stating that swaddling the child for sleeping purposes is medically necessary. [High]

## Technical Assistance

There is evidence that swaddling can increase the risk of serious health outcomes, including SIDS and hip disease, and research does not provide definitive data to support the use of swaddling. Even with newborns, research does not provide conclusive data about whether swaddling should be used. Swaddling blankets that become loose during sleep pose an **additional risk for infants. For concerns with maintaining an infant's temperature, appropriate clothing and/or a sleeveless infant sleep sack that does not restrict the infant's movement can be utilized.** For more information on safe sleep, see the [American Academy of Pediatrics Health Initiatives for Safe Sleep](#) and the [National Institutes of Health Safe to Sleep Campaign](#).

§747.2329. If an infant has difficulty falling asleep, may I **cover the infant's head or crib?**

*Subchapter H, Basic Care Requirements for Infants*

*September 2003*

No. Infants must not have their heads, faces, or cribs covered by items such as blankets, linens, or clothing at any time. [High]

§747.2331. Must I share a daily report with parents for each infant in my care?

*Subchapter H, Basic Care Requirements for Infants*

*April 2017*

No, you are not required to provide a daily written report to the infant's parent.

Technical Assistance
Recommendation: Although a written report is not required, children benefit when caregivers share any significant information with the child's parents.

## Subchapter I, Basic Care Requirements for Toddlers

### §747.2401. What are the basic care requirements for toddlers?

*Subchapter I, Basic Care Requirements for Toddlers*

*April 2017*

Basic care for toddlers must include:

- (1) Routines such as diapering, feeding, sleeping, and indoor and outdoor activity times, maintained as closely as possible [Medium];
- (2) Individual attention given to each toddler including playing, talking, and cuddling [Medium-High];
- (3) Holding and comforting a toddler who is upset [Medium-High]; and
- (4) Ensuring objects less than 1 and 1/4 inches in diameter are kept out of the reach of infants or toddlers. [High]

#### Technical Assistance

A commercial choke tube or empty toilet paper roll can be used to test toys and objects in the room that an infant or toddler may easily choke on. Try to place the toy or object into the tube. If the object easily passes through the tube, an infant or toddler may choke on it and it must be **removed from the children's access**. If the object does not fit through the tube, an infant or toddler is not likely to choke on it.

### §747.2403. How must I arrange the space where I care for toddlers?

*Subchapter I, Basic Care Requirements for Toddlers*

*March 2023*

The toddler care area must include:

- (1) Spaces in the child-care home that allow both individual and group time [Medium]; and

(2) A play environment that allows the caregiver to supervise all children as defined in §747.1503 of this chapter (relating to What responsibilities does a caregiver have when supervising a child or children?). [High]

## §747.2405. What furnishings and equipment must I provide for toddlers?

*Subchapter I, Basic Care Requirements for Toddlers*

*April 2017*

Furnishings and equipment for toddlers must include at least the following:

- (1) Age-appropriate nap or rest equipment [Medium-High];
- (2) Enough popular items are available so that toddlers are routinely engaged in either solitary or parallel play [Medium-High];
- (3) Containers or low shelving that are accessible to toddlers, so toddlers can safely obtain the items without adult intervention [Medium]; and
- (4) Bottles and training cups, if used, must be:
  - (A) Labeled with the toddler's first name and initial of last name or otherwise individually assigned to each toddler [Medium];
  - (B) Cleaned and sanitized between each use [Medium]; and
  - (C) Used for drinking and feeding, and you must never allow toddlers to sleep with or walk around with a bottle or training cup. [Medium]

### Technical Assistance

- It is acceptable to assign training cups using individualized colors or symbols that toddlers may recognize as theirs.
- If the training cups are cleaned and sanitized between each use then you are not also required to label each cup with the toddler's name.

## §747.2407. What activities must I provide for a toddler?

*Subchapter I, Basic Care Requirements for Toddlers*

*March 2021*

Daily activities for a toddler must include at least the following:

- (1) Opportunities for outdoor play, weather permitting, as specified in §747.2104 of this chapter (relating to What specific activities must I include in a written activity plan?) [Medium-High];
- (2) Opportunities for thinking skills and sensory development. Examples of age-appropriate equipment or activities include shape or item sorting toys, stacking or nesting toys, puzzles with less than six pieces, washable board books, washable blocks, snapping and take apart toys [Medium];
- (3) Opportunities for small-muscle development. Examples of age-appropriate equipment or activities include large-size washable crayons and markers, variety of paper and art materials, table or easel for art, large paintbrushes, non-toxic play-dough, toddler-sized washable cars and trucks, toy animals, and toy people [Medium];
- (4) Opportunities for large-muscle development. Examples of age-appropriate equipment or activities include low climbing structures, small riding toys, toys for pushing or pulling, variety of light-weight balls for indoor and outdoor play, and rhythm instruments [Medium];
- (5) Opportunities for moderate to vigorous active play, both indoors and outdoors, as specified in §747.2104 of this chapter. Examples of age-appropriate activities include music, songs, simple games and dramatic or imaginary play that encourage movement such as dancing, running, climbing, stretching, walking, and marching [Medium-High];
- (6) Opportunities for language development. Examples of age-appropriate equipment or activities include washable, soft animals or puppets, simple picture books, and pictures of familiar items and places [Medium];
- (7) Opportunities for social and emotional development. Examples of age-appropriate equipment or activities include dress-up clothes and accessories, housekeeping equipment, unbreakable mirrors, washable dolls with accessories, items for practicing buttoning, zipping, lacing, and snapping, and baskets, tubs, and tote bags (not plastic bags) for carrying and toting [Medium]; and
- (8) Opportunities to develop self-help skills such as toileting, hand washing, and self-feeding. [Medium]

## Subchapter J, Basic Care Requirements for Pre-Kindergarten Age Children

### §747.2501. What are the basic requirements for pre-kindergarten age children?

*Subchapter J, Basic Care Requirements for Pre-Kindergarten Age Children*

*March 2023*

Basic care for pre-kindergarten children must include:

- (1) Routines such as diapering or toileting, eating, napping or resting, indoor activity times, and outdoor activity times [Medium];
- (2) Individual attention given to each pre-kindergarten age child [Medium]; and
- (3) Interactions that encourage a child to communicate and express feelings in appropriate ways [Medium].

#### Technical Assistance

The American Academy of Pediatrics offers these examples for encouraging children to communicate, "Ask Johnny if he will share the book." "Tell him you don't like being hit." "Tell Sarah what you saw at the store yesterday." "Tell mommy about what you built in the block center this morning." Follow these encouraging statements with respectful listening, without pressuring the child to speak.

### §747.2503. How must I arrange the space used by pre-kindergarten age children?

*Subchapter J, Basic Care Requirements for Pre-Kindergarten Age Children*

*September 2003*

The pre-kindergarten age care area(s) must include:

(1) Space to set up interest centers or focused play areas during the activity, such as arts and crafts, music and movement, blocks and construction, drama and theater, math and reasoning activities, science and nature, language and reading activities, such as books, story tapes and language games, stories read or told on a weekly basis, and cultural awareness [Medium], which are:

(A) Organized for independent use by children [Medium]; and

(B) **Arranged so the children’s activities are visible to the supervising caregiver** [Medium-High];

(2) **Space for furnishings and activities without limiting children’s movement** [Medium]; and

(3) Space that children are allowed to find or create individual activities, but which still permits the caregiver to easily supervise. [Medium-High]

#### Technical Assistance

The National Association for the Education of Young Children recommends that a learning environment that supports child initiated activities and individual learning styles fosters confidence and curiosity in the child.

## §747.2505. What furnishings and equipment must I provide for pre-kindergarten age children?

*Subchapter J, Basic Care Requirements for Pre-Kindergarten Age Children*

*September 2003*

Furnishings and equipment for pre-kindergarten age children must include at least the following:

(1) Age-appropriate nap or rest equipment [Medium];

(2) Enough popular items are available so that pre-kindergarten age children are routinely engaged in either solitary, parallel, or group play [Medium];

(3) Containers or low shelving so items children can safely use without direct supervision are accessible to children. [Medium]



## Technical Assistance

- First-hand experiences encourage children to talk to each other and to adults, to seek increasingly more complex vocabulary, and to use language to express thinking, feeling, and curiosity.
- Bored or frustrated children may be indicators of inappropriate or insufficient equipment and materials.

## §747.2507. What activities must I provide for a pre-kindergarten age child?

*Subchapter J, Basic Care Requirements for Pre-Kindergarten Age Children*

*March 2021*

Daily activities for a pre-kindergarten age child must include at least the following:

- (1) Opportunities for outdoor play, weather permitting, as specified in §747.2104 of this chapter (relating to What specific activities must I include in a written activity plan?) [Medium-High];
- (2) Opportunities for thinking skills and sensory development. Examples of age-appropriate equipment or activities include sand and water play, blocks, framed puzzles with up to 30 pieces, variety of large stringing beads, and simple board games [Medium];
- (3) Opportunities for small-muscle development. Examples of age-appropriate equipment or activities include large non-toxic crayons, markers, paint, water colors and various size brushes, adjustable easels, collage materials, chalkboard and chalk, clay or dough and tools, workbench and accessories, round-end scissors, glue and paste, different types of music and videos, rhythm instruments, and fingerplays [Medium];
- (4) Opportunities for large-muscle development. Examples of age-appropriate equipment or activities include small wagons, light-weight balls of all sizes, small wheelbarrows, tricycles, push toys, swings, slides, climbing equipment, balance beam, hanging bars, and outdoor building materials [Medium];
- (5) Opportunities for moderate to vigorous active play, both indoors and outdoors, as specified in §747.2104 of this chapter. Examples of age-appropriate active play include active games such as tag and hot potato, dancing and creative movement to music and singing, simple games and dramatic or imaginary play that encourages running, stretching, climbing, walking, and marching [Medium-High];

- (6) Opportunities for language development. Examples of age-appropriate equipment or activities include flannel board stories, puppets, and variety of storybooks, writing materials, and stories on tape [Medium];
- (7) Opportunities for social and emotional development. Examples of age-appropriate equipment or activities include dress up clothes and accessories, mirrors, dolls, simple props for different themes, puppets, transportation toys, toy animals, and table games [Medium]; and
- (8) Opportunities to develop self-help skills such as toileting, hand washing, returning equipment to storage areas or containers, and serving and self-feeding. [Medium]

#### Technical Assistance

If children have access to natural elements such as sticks, rocks, etc. for outdoor play, the caregiver should supervise children to ensure the objects are safe and children are engaging with the materials in a manner that is appropriate and will not result in injury to a child.

## Subchapter K, Basic Care Requirements for School-Age Children

### §747.2601. What basic care requirements must I provide for school-age children?

*Subchapter K, Basic Care Requirements for School-age Children*

*September 2003*

Basic care requirements for school-age children must include:

- (1) Individual attention and conversation with adults [Medium]; and
- (2) **Physical care routines appropriate to each child's** developmental needs. [Medium]

#### Technical Assistance

A school-age child develops a strong secure sense of identity through positive experiences with adults and peers. Although school-age children are learning to accept personal responsibility and act independently, they continue to need the supervision and support of adults.

### §747.2603. How must I arrange the space used by school-age children?

*Subchapter K, Basic Care Requirements for School-age Children*

*March 2023*

The school-age care area must include:

- (1) Space to set up interest centers or focused play areas during the activity, such as arts and crafts; music and movement; blocks and construction; drama and theater; math and reasoning activities; science and nature; language and reading activities, such as books, story tapes and language games, stories read or told on a weekly basis, and cultural awareness [Medium], which are:
  - (A) Organized for independent use by children [Medium]; and

(B) Arranged so that the caregiver can supervise the children according to §747.1503 of this chapter (relating to What responsibilities does a caregiver have when supervising a child or children?) [Medium-High];

(2) Space where children can have individual activities yet be supervised [Medium]; and

(3) Space for quiet time to do homework. [Medium]

## §747.2605. What furnishings and equipment must I provide for school-age children?

*Subchapter K, Basic Care Requirements for School-age Children*

*April 2017*

Furnishings and equipment for school-age children must include:

(1) Workspace to do homework and table-top activities [Medium];

(2) Age-appropriate nap or rest equipment [Medium]; and

(3) Containers or shelving to make items accessible to the children and the items can be used safely without direct supervision. [Medium]

## §747.2607. What activities must I provide for a school-age child?

*Subchapter K, Basic Care Requirements for School-age Children*

*March 2021*

Daily activities for a school-age child must include at least the following:

(1) Study time for those who choose to do homework [Medium];

(2) Opportunities for outdoor play, weather permitting [Medium];

- (3) Opportunities for thinking skills and sensory development. Examples of age-appropriate equipment or activities include sand and water play; construction materials and blocks; puzzles with 50 or more pieces; pattern-making materials, such as wood, paper, plastic, beads, ceramic tiles, cloth, or cardboard; games that contain rules and require some skill or strategy; specific skill development materials such as rulers, tape measures, telescopes, weather observation equipment, models of the solar system, and microscopes; books; and magazines [Medium];
- (4) Opportunities for small-muscle development. Examples of age-appropriate equipment or activities include art and craft materials, such as paints, markers, colored pencils, crayons, clay, weaving, or braiding materials; music and musical instruments of all types; and puzzles or interlocking building blocks [Medium];
- (5) Opportunities for large-muscle development. Examples of age-appropriate equipment or activities include balls and sports equipment, such as kick balls, baseballs, soccer balls, basketballs, skates, and horseshoes; riding equipment, such as kick scooters or skateboards, with knee pads, elbow pads, and helmets; and outdoor and gym equipment, such as slides, swings, climbing apparatus, and upper-body equipment [Medium];
- (6) Opportunities for active play both indoors and outdoors. Examples of age-appropriate active play include active games such as tag and Simon Says, dancing and creative movement to music and singing, simple games, and dramatic or imaginary play that encourages running, stretching, climbing, and walking [Medium]; and
- (7) Opportunities for social and emotional development. Examples of age-appropriate equipment or activities include dolls with detailed, realistic accessories; role-play materials, including real equipment for library, hospital, post office, costumes, makeup, and disguise materials; puppets and puppet show equipment; transportation toys, such as small vehicles or models; play and art materials; nature materials; and human and animal figurines. [Medium]

## Technical Assistance

- Research has shown that school-age children benefit from an after-school care program that provides an enriching contrast to the formal school environment. Activities including team sports, cooking, art, dramatics, music, crafts, and games allow them to explore new interests and relationships.
- Indoor and outdoor active play enhances fitness and general health and supports creativity, learning, and development.
- Naptime and rest time for school-**age children will vary with each child's** individual needs. Children in full-day care benefit from resting or napping during their long day. A rest period may be reading books or listening to soft music or books on tape.

## Subchapter L, Discipline and Guidance

### §747.2703. What methods of discipline and guidance may I use?

*Subchapter L, Discipline and Guidance*

*April 2017*

Discipline must be:

- (1) Individualized and consistent for each child [Medium];
- (2) Appropriate to the child's level of understanding [Medium-High];
- (3) Directed toward teaching the child acceptable behavior and self-control [Medium]; and
- (4) A positive method of discipline and guidance that encourages self-esteem, self-control, and self-direction, including the following [Medium-High]:
  - (A) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior [Medium-High];
  - (B) Reminding a child of behavior expectations daily by using clear, positive statements [Medium-High];
  - (C) Redirecting behavior using positive statements [Medium-High]; and
  - (D) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age. [Medium]

#### Technical Assistance

- Research has shown that positive guidance teaches children skills that help them get along in their physical and social environment. The goal is to develop personal standards in self-discipline, not to enforce a set of inflexible rules.
- Giving children understandable guidelines and re-directing their behavior helps them to develop internal control of their actions and encourages acceptable behavior.

## §747.2705. What types of discipline and guidance or punishment are prohibited?

*Subchapter L, Discipline and Guidance*

*March 2023*

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited [High]:

- (1) Corporal punishment or threats of corporal punishment [High];
- (2) Punishment associated with food, naps, or toilet training [High];
- (3) Grabbing or pulling on a child [High];
- (4) Putting anything in or on a child's mouth [High];
- (5) Humiliating, ridiculing, rejecting, or yelling at a child [High];
- (6) Subjecting a child to harsh, abusive, or profane language [High];
- (7) Placing a child in a locked or dark room, bathroom, or closet [High];
- (8) Placing a child in a restrictive device for time out [High];
- (9) Withholding active play or keeping a child inside as a consequence for behavior, unless the child is exhibiting behavior during active play that requires a brief supervised separation or time out that is consistent with §747.2703(4)(D) of this subchapter (relating to What methods of discipline and guidance may I use?) [High]; and
- (10) Requiring a child to remain silent or inactive for inappropriately long periods of time for the **child's age** [High].



## Technical Assistance

- Child development research supports that physical punishment such as pinching, shaking, or hitting children teaches them that hitting or hurting others is an acceptable way to control unwanted behavior or get what they want.
- Children will also mimic adults who demonstrate loud or violent behavior.
- Rapping, thumping, popping, yanking, and flicking a child are all examples of corporal punishment.
- Regarding paragraph (9), you must never withhold active play from a child who misbehaves (i.e., keeping a child indoors with another caregiver while the rest of the children go outside or making a child sit out of active play in the afternoon for a behavior that occurred in the morning). However, if a child is exhibiting poor behavior during active play, you may separate the child from the group, as described in §747.2703(4)(D), to allow the child to settle down before resuming cooperative play or activities.

## Subchapter M, Naptime

### §747.2801. Must children have a naptime every day?

*Subchapter M, Naptime*

*April 2017*

You must provide a supervised nap or rest period for all children 18 months of age or older who are in care for five or more consecutive hours or according to the child's individual physical needs. You may provide a supervised nap or rest period for each child who attends the child-care home for fewer than five hours and whose individual physical needs call for a nap or rest period while the child is in care. [Medium-High]

### §747.2803. How long may the nap or rest period last each day?

*Subchapter M, Naptime*

*April 2017*

The nap or rest period must not exceed three hours. [Medium]

### §747.2805. Are children required to sleep during this time?

*Subchapter M, Naptime*

*April 2017*

No. You must not:

- (1) Force a child to sleep or put anything in or on a child's head or body to force the child to rest or sleep [Medium]; or
- (2) Confine a child in a restrictive device in an attempt to make the child rest or sleep. [Medium-High]

## §747.2807. Must I provide an alternative activity for those children who cannot sleep?

*Subchapter M, Naptime*

*April 2017*

- (a) Yes. You must allow each child who is awake after napping or resting for one hour to participate in an alternative, quiet activity until the nap/rest period is over for the other children. [Medium]
- (b) You must take a toddler who naps or rests in a crib out of the crib for other activities when he awakens. [Medium]

## §747.2809. Must I arrange the napping equipment in a specific manner?

*Subchapter M, Naptime*

*September 2003*

Napping equipment must:

- (1) Not block entrances or exits to the area [Medium-High];
- (2) **Not be set up during other activities or left in place to interfere with children's useable activity space** [Medium];
- (3) Be arranged to provide a sufficient walk and work space for caregivers between each cot or mat [Medium-High]; and
- (4) Be arranged so that each child and caregiver has access to a walkway without having to walk on or over the cots or mats of other children. [Medium-High]

## §747.2811. May I lower the lighting in the room while children are sleeping?

*Subchapter M, Naptime*

*April 2017*

Yes, you may lower the lighting, provided there is adequate lighting to allow visual supervision of all children in the group at all times. Lighting in a room is adequate if a person's eyes do not need to adjust for the person to be able to see upon entering the room. [Medium-High]

## Subchapter N, Field Trips

### §747.2901. May I take children away from my child-care home for field trips?

*Subchapter N, Field Trips*

*October 2018*

- (a) Yes. You must ensure **the children's safety on field trips and excursions and during any transportation provided by the child-care home**. Anytime you take a child on a field trip you must comply with each of the following requirements [High]:
- (1) You must have signed permission from the parent to take a child away from your child-care home, including permission to transport the child, if applicable [Medium-High];
  - (2) You must carry emergency medical consent forms and emergency contact information for each child on the field trip [Medium-High];
  - (3) You must have a written list of all children on the field trip and must check the list frequently to account for the presence of all children on the field trip [High];
  - (4) You must have a first-aid kit immediately available on all field trips [High];
  - (5) You must have a copy of a child's food allergy emergency plan and allergy medications, if applicable [Medium-High];
  - (6) Each child must wear a shirt, name tag, or other identification listing the name and telephone number of the child-care home [Medium-High];
  - (7) Each caregiver must be easily identifiable by all children on the field trip, by wearing a hat, specialized tee-shirt, brightly colored clothes, or other easily spotted identification [Medium-High];
  - (8) Each caregiver supervising a field trip must have transportation available, a communication device such as a cellular phone or two-way radio available, or an alternate plan for transportation at the field trip location in case of emergency [Medium-High]; and
  - (9) You must ensure that a caregiver with current training in pediatric first aid and pediatric CPR is present on the field trip. [High]
- (b) **A walk around the caregiver's neighborhood must comply only with paragraphs (2), (5) and (9) of subsection (a) of this section.** [Medium-High]

## Technical Assistance

- Regarding paragraph (3):
  - Conducting multiple name to face checks while away from the home will help ensure a child has not wandered off, gotten lost, or been left behind;
  - Conducting multiple name to face checks while away from the home will alert you to begin an immediate search if a child is missing; and
  - Caregivers should record the count of children on an attendance sheet or on a pocket card, along with the time the count occurred.
- For child/caregiver ratios and groups sizes, see subchapter E of this chapter (relating to Child/Caregiver Ratios and Group Sizes).

### §747.2903. Must I notify parents before I take a child away from my child-care home on a field trip?

*Subchapter N, Field Trips*

*September 2003*

Yes. You must notify the parent of each child who will be on the field trip, indicating when and where the child will be going, and when the child is expected to return to your child-care home.

[Medium-High]

## Subchapter P, Nighttime Care

### §747.3001. What is nighttime care?

*Subchapter P, Nighttime Care*

*September 2003*

- (a) Nighttime care is care given on a regular or frequent basis to children who are starting or continuing their night sleep, or to children who spend the night or part of the night at the child-care home between the hours of 9:00 p.m. and 6:00 a.m.
- (b) Nighttime care does not include the occasional sleep-over program offered at infrequent intervals. [Medium]

### §747.3003. May I provide nighttime care to children at my child-care home?

*Subchapter P, Nighttime Care*

*April 2017*

- (a) You may care for children both during the day and night if we approve it. Even then, a child may only be in care for [Medium-High]:
  - (1) No more than 16 hours within a 24-hour period on a daily basis [Medium]; or
  - (2) No more than three consecutive 24-hour periods with a maximum of six 24-hour periods per month, as specified in §745.383 of this title (relating to Can a licensed child day-care operation offer 24-hour care?). [Medium]
- (b) You cannot exceed these limits. [Medium]

#### Technical Assistance

The only way to exceed these limits would be to obtain a separate residential child-care license and comply with the standards relevant to that license.

## §747.3005. Must I stay awake while supervising children during nighttime care?

*Subchapter P, Nighttime Care*

*September 2003*

No. Caregivers supervising children during nighttime care in your child-care home do not have to be awake to supervise the children if:

- (1) The children are asleep before the caregivers [High];
- (2) The caregivers are on the same floor as the sleeping children [High]; and
- (3) The caregivers are close enough to the children to respond or intervene if a child awakens for feeding, becomes ill, is afraid of the dark, or in the event of an emergency. [High]

## §747.3007. What are the building, furnishing, physical space, and equipment requirements for nighttime care?

*Subchapter P, Nighttime Care*

*September 2003*

In addition to all other building, furnishing, physical space, and equipment requirements specified in this chapter:

- (1) All exits must be visible. This may be provided by lighted exit signs or by lighted exits (such as a hall light or lamp that lights the exit path and door) [High];
- (2) You cannot count a window as one of the child-care home's required fire exits [Medium-High];
- (3) Each child 18 months old or older must be provided a cot, bed, or mattress that is waterproof or washable, and developmentally appropriate [Medium-High];
- (4) Children younger than the age of 18 months must be provided with a crib for nighttime sleeping [Medium-High]; and
- (5) Boys and girls six years old or older must have separate sleeping and dressing areas. [Medium]



## Technical Assistance

Additional safety precautions must be in place to protect sleeping children and to allow for timely evacuation in case of emergency.

### §747.3009. Must I provide activities for children in nighttime care?

*Subchapter P, Nighttime Care*

*March 2021*

(a) Activities and routines must meet the unique needs of children in nighttime care. These may include quiet activities, such as homework, reading, puzzles, or board games; time for personal care routines and preparation for sleep, such as brushing teeth, washing hands and face, toileting, and changing clothes; and an evening meal, breakfast, and snack as specified in Subchapter Q of this chapter (relating to Nutrition and Food Service). [Medium]

(b) Screen time activities:

(1) Must meet the requirements in §747.2105 of this chapter (relating to May I use a screen time activity with a child?) [Medium]; and

(2) May not be used in a cot, bed, or mattress, or one hour before bedtime. [Medium]

## Subchapter Q, Nutrition and Food Service

### §747.3101. What are the basic requirements for meal and snack times?

*Subchapter Q, Nutrition and Food Service*

*March 2023*

- (a) You must serve all children regular meals and morning and afternoon snacks as specified in this subchapter. [Medium-High]
- (b) The meals and snacks must follow the meal patterns established by the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP) that is administered by the Texas Department of Agriculture. You must follow these patterns regardless of whether you are participating in the program for reimbursement. [Medium-High]
- (c) If you serve breakfast, you do not have to serve a morning snack.
- (d) A child must not go more than three hours without a meal or snack being offered, unless the child is sleeping. [Medium-High]
- (e) You must serve enough food to allow a child to have second servings from the vegetable, fruit, grain, and milk groups, if the child requests it. [Medium]
- (f) You must ensure a supply of clean, sanitary drinking water:
  - (1) Is always available to each child at every snack, mealtime, and during and after active play [Medium-High]; and
  - (2) Is served in a safe and sanitary manner [Medium-High].
- (g) You must not serve beverages with added sugars, such as carbonated beverages, fruit punch, or sweetened milk except for a special occasion such as a holiday or birthday celebration, unless otherwise allowed by the CACFP. [Medium]
- (h) You must not use food as a reward. [Medium-High]

- (i) You must not serve a child a food identified on the child's food allergy emergency plan as specified in §747.3617 of this chapter (relating to What is a food allergy emergency plan?). [Medium-High]

#### Technical Assistance

- You can find the CACFP meal and snack patterns at <https://www.fns.usda.gov/cacfp/meals-and-snacks>.
- All infant formula and dry infant cereal must be iron-**fortified**. **Look for “infant formula with iron” or a similar statement on the front of the formula. Make sure the formula is not an “FDA exempt infant formula”, which should only be used if there is a statement from a healthcare professional.**
- To help ensure that grains are whole grain-rich, look closely at the ingredient list to make sure a whole grain is listed as the first ingredient or second after water.
- Research indicates serving drinking water to children ensures they are properly hydrated and facilitates reducing the intake of extra calories from nutrient poor foods and drinks which are associated with weight gain and obesity.
- Water should not be a substitute for milk at meals or snacks where milk is a required component. It is appropriate to require children to first drink the milk before serving themselves water.
- Water for infant formula must not come from private well water sources unless it meets the requirements outlined in §747.3227 of this chapter (relating to May I use water from a private water supply instead of a public water supply for my child-care home?).
- Beverages with added sugars should be avoided because they can contribute to child obesity, tooth decay, and poor nutrition.
- The CACFP meal pattern for infants does not allow homes to provide fruit and vegetable juices for infants.
- You may only use pasteurized full-strength juice to meet the vegetable or fruit requirement at one meal or snack per day.
- Caregivers should encourage children to sample a variety of foods of different colors and textures.
- Regarding paragraph (e), because it is unlikely that every child in care will request two servings from every food group, you do not need to prepare a quantity of food that allows two servings for every child in care. You need to have enough food from each of the required food groups so that if a child requests a second serving, there is **enough food to fulfill the child’s request. In addition, if you participate in the CACFP**

## Technical Assistance

program for reimbursement, it is important to be aware of the reimbursement requirements and limitations of the program as it relates to second servings. You can consult your local CACFP administrator for additional information.

- Regarding paragraph (g), the CACFP allows flavored fat-free (skim) or low-fat (1 percent fat or less) milk for children 6 years old and older.

## §747.3103. How often must I feed a child in my care?

Subchapter Q, Nutrition and Food Service

March 2021

You must follow the guidelines in Figure 26 TAC §747.3103 when determining how often to feed a child in your care. [\[Medium-High\]](#)

Figure 26 TAC §747.3103

If a child is in care:	You must offer the child at least this amount of food:
(1) Less than four hours	One snack.
(2) Four to five hours	One meal.
(3) Six to eight hours	One meal and one snack.
(4) More than eight hours	(A) Two meals and one snack; or (B) One meal and two snacks.
(5) During the nighttime	Depending on the time the child arrives and leaves: (A) An evening meal and breakfast; (B) A bedtime snack and breakfast; or (B) An evening meal, a bedtime snack, and breakfast.

## Technical Assistance

- Well-balanced meals provide the food children need to grow, think, fight infection, and fuel their bodies.
- The American Academy of Pediatrics (AAP) affirms that, since young children eat in small **feedings and a child's appetite and interest in food may vary from one meal or snack to the next**, children need to be fed often. As a result, snacks often become a significant part of a **child's daily food intake**.

## §747.3109. May parents provide meals and snacks for their children instead of my child-care home providing them?

*Subchapter Q, Nutrition and Food Service*

*March 2021*

- (a) Yes. However, your enrollment agreement, or an addendum to the agreement, signed by the parent must include a statement that the parent: [Medium]
- (1) Is choosing to provide the child's meals and snacks from home [Medium]; and
  - (2) Understands the child-care home is not responsible for its nutritional value or for meeting the child's daily food needs. [Medium]
- (b) If the parent provides a meal but not a snack, you are responsible for providing a snack as specified in this subchapter [Medium];
- (c) You must provide safe and proper storage and service of the individual meals and snacks provided by parents. [Medium]
- (d) Snacks provided by a parent must not be shared with other children, unless:
- (1) A parent is providing baked goods for a celebration or party being held at the home [Medium]; and
  - (2) You ensure that the shared snacks meet the needs of children who require special diets. [Medium]

## Technical Assistance

- **When a parent provides the child's meals and snacks from home, it is important to share information with the parents on the nutritional value of foods, sample menus, information on food allergies, and choking hazards, such as:**
  - Sample menu items, introducing new foods, MyPlate materials, understanding nutrition labels, and more can be found at [www.fns.usda.gov/tn/myplate](http://www.fns.usda.gov/tn/myplate); and

## Technical Assistance

- Resources on choking foods, food allergies, nutrition for young children, and other information can be found or downloaded from the Licensing Technical Assistance Library.
- A child with food allergies is at risk when eating foods that have not been prepared or **served by the child’s parent or the primary caregiver who has knowledge of the food ingredients and the child’s needs.**

## §747.3111. What are the requirements for a child who requires a special diet or does not want to eat foods I serve?

*Subchapter Q, Nutrition and Food Service*

*March 2021*

(a) To serve a child a therapeutic or special diet, you must:

(1) Have written approval from:

- (A) A physician or health-care professional with prescriptive **authority if the diet relates to a disability that restricts the child’s diet** [Medium-High]; or
- (B) A health-care professional or a registered or licensed dietician if the diet does **not relate to a disability that restricts the child’s diet** [Medium-High];

(2) **Maintain the written approval in the child’s record** [Medium-High]; and

(3) Give the information to all caregivers preparing and serving food. [Medium-High]

(b) You must discuss recurring **eating problems with the child’s parent.** [Medium]

(c) You may encourage, but not force children to eat. [Medium]

(d) You must not serve nutrient concentrates and supplements such as protein powders, liquid protein, vitamins, minerals, and other nonfood substances without written instructions as required in paragraph (a)(1) of this section. [Medium]

## Technical Assistance

You may serve meat alternatives to accommodate vegetarian diets without special authorization from a health-care professional or dietician. The CACFP offers guidance on how to include meat alternatives as part of the meal pattern.

### §747.3113. Must I post and maintain daily menus?

*Subchapter Q, Nutrition and Food Service*

*September 2003*

No, however you must: Maintain menus showing all meals and snacks prepared and served at your child-care home for the previous three months. [Medium]

- (1) Keep a record of any substitutions made. Substitutions must be of comparable food value. [Medium]
- (2) Date the menus. If you rotate menus, there must be a record of which menu was used for each date. [Medium]
- (3) Make menus available to Licensing and parents for review upon request. [Medium]

## Technical Assistance

Planning menus in advance helps to ensure that adequate food will be on hand. Posting menus helps to inform parents about food served in the child-care home and enables the parent to balance it with the food they serve at home.

### §747.3117. What general requirements apply to food service and preparation?

*Subchapter Q, Nutrition and Food Service*

*April 2017*

All food and drinks must be of safe quality and stored, prepared, distributed, and served under sanitary and safe conditions [Medium-High], including:

- (1) You must sanitize food service equipment, dishes, and utensils after each use [Medium-High];

- (2) If your child-care home lacks adequate facilities for sanitizing dishes and utensils, you must use only disposable, single-use items [Medium-High];
- (3) You must wash re-useable napkins, bibs, and tablecloths after each use [Medium];
- (4) You must discard single-service napkins, bibs, dishes, and utensils after use [Medium-High];
- (5) **You must serve children’s food on plates, napkins, or other sanitary holders, such as a high chair tray, and you must not place food on a bare table or eating surface, which includes the floor [Medium-High];**
- (6) You must not serve foods that present a risk of choking for infants and toddlers [High];
- (7) You must cover all food stored in the refrigerator [Medium-High]; and
- (8) You must not store poisonous or toxic materials and cleaning supplies with food. [Medium-High]

#### Technical Assistance

- Research has shown that 90% of fatal choking occurs in children younger than four years of age. Examples of foods that present a risk of choking include hot dogs sliced into rounds, whole grapes, hard candy, string cheese, nuts, seeds, raw peas, dried fruit, pretzels, chips, peanuts, popcorn, marshmallows, spoonful's of peanut butter, and chunks of meat larger than can be swallowed whole.
- Tables are often used for many purposes in child care. Although the tables should be washed before mealtime, they will still bear a heavier load of infecting organisms than plates or sanitized food holders.
- Expiration dates should be monitored to ensure that food and beverage quality is safe for consumption.

## §747.3119. Must I serve meals family style?

*Subchapter Q, Nutrition and Food Service*

*March 2021*

(a) You do not have to use family style meal service, although all meals and snack times must:

- (1) Be unhurried [Medium];



(2) Allow children to feed themselves according to their developmental level [Medium]; and

(3) Include adult supervision of children. [Medium-High]

(b) If meals and snacks are served family style, you must supervise children to prevent cross-contamination of the food. [Medium]

#### Technical Assistance

- Mealtime is a great opportunity for children to learn about new food, develop new motor skills, increase their dexterity, and develop language and social skills through conversation. They also learn about counting, colors, shapes, amounts, smells, temperatures, and tastes.
- While feeding themselves, children use fine motor skills and learn self-help skills that **build a child's** self-esteem.
- The presence of adult caregivers during mealtime:
  - Helps prevent behaviors that increase risk, such as fighting, children feeding each other, children stuffing food in to the mouth, etc.;
  - Ensures that children do not increase their risk of choking by eating while talking, crying, laughing, or playing; and
  - Offers an opportunity for caregivers to model appropriate dining etiquette.

## §747.3121. Are children allowed to use toothbrushes after meal and snack times?

*Subchapter Q, Nutrition and Food Service*

*September 2003*

(a) Yes, although toothbrushes and tooth powders or pastes provided for each **child's individual** use must be:

(1) **Labeled with the child's full name** [Medium];

(2) Stored out of **children's reach when not in use** [Medium]; and

(3) Stored in a manner that prevents the toothbrushes from touching each other during storage. [Medium]

(b) Children must have adult supervision during tooth brushing activities. [Medium]

## Subchapter R, Health Practices

### Division 1, Environmental Health

§747.3201. Must my child-care home have an annual sanitation inspection?

*Subchapter R, Health Practices*

*Division 1, Environmental Health*

*September 2003*

No. We do not require you to have an annual sanitation inspection, although your local ordinances may require this.

§747.3203. What steps must I take to ensure a healthy environment for children at my child-care home?

*Subchapter R, Health Practices*

*Division 1, Environmental Health*

*April 2017*

You must clean, repair, and maintain your child-care home, grounds, and equipment to protect the health of the children [Medium-High], including:

- (1) Setting aside toys and equipment that are placed in children's mouths or are otherwise contaminated by body secretion or excrement, to be sanitized daily or before handling by another child [Medium-High];
- (2) Machine washing used cloth toys at least weekly and when contaminated [Medium-High];
- (3) Machine washing used linens at least weekly, and when soiled and before another child uses them [Medium-High];
- (4) Sanitizing sleeping equipment before a different child uses it and when soiled [Medium-High];
- (5) Sanitizing potty chairs after each child's use [Medium-High];

- (6) Emptying water play tables and toys used in water play tables daily, sanitizing, and ensuring children and caregivers wash their hands before using the water table [Medium-High];
- (7) Maintaining sand boxes and sand tables in a sanitary manner [Medium-High];
- (8) Making all garbage inaccessible to children, and managing it to keep the child-care home, inside and outside, free of insects, rodents, and offensive odors [Medium-High];
- (9) Keeping all floors, ceilings, and walls in good repair and clean [Medium-High];
- (10) Ensuring paints used at the child-care home are lead-free [Medium-High];
- (11) Keeping all parts of the child-care home used by children well heated, lighted, and ventilated [Medium-High];
- (12) Sanitizing table tops, furniture, and other similar equipment used by children when soiled or contaminated with matter such as food, body secretions, or excrement [Medium-High];
- (13) Clearly marking cleaning supplies and other toxic materials and keeping them separate from food and inaccessible to children [Medium-High]; and
- (14) Using, storing, and disposing of hazardous materials as recommended by the manufacturer. [Medium-High]

#### Technical Assistance

- Research supports preventive steps to help limit the spread of infections, such as regular and proper hand washing, ventilating rooms regularly with lots of fresh air, and establishing cleaning routines. Germs have difficulty growing in clean, dry and well-ventilated environments.
- Contamination of toys and other objects in the room contributes to the transmission of diseases and germs in child-care homes. Providing enough toys to rotate through the cleaning process allows children to stay in active play while maintaining a healthy environment.
- Regarding paragraphs (1) and (12), secretions are bodily fluids that may contain virus particles or bacteria that can be transmitted to others. Examples of secretions include blood, saliva, mucus, and urine.
- Regarding paragraph (9):
  - Surfaces in and around the operation should be free from mold and mildew; and

## Technical Assistance

- All painted surfaces should be free from chipping, peeling, and flaking to ensure children are not exposed to hazards.
- Regarding paragraph (10), construction or renovations of child-occupied facilities built before January 1, 1978 should adhere to the [EPA's Lead Renovation, Repair, and Painting \(RRP\) rule](#). EPA's RRP rule requires that renovations of child-occupied facilities be carried out only by Lead-Safe Certified renovation firms, using certified renovators trained in lead-safe work practices. This is to ensure that these renovations do not inadvertently contaminate your home and expose children to hazardous lead dust. The Texas Department of State Health Services has more information regarding the [Environmental Lead Program](#);
- Regarding paragraph (11), areas that are well ventilated can help control temperature, reduce dampness, and reduce the risk of allergies, asthma, and headaches.
- You can reduce chemical exposure and asthma triggers inside the child-care home by:
  - Selecting fragrance and dye free products for cleaning and sanitizing;
  - Ensuring adequate ventilation when cleaning; and
  - Using chemicals that may produce fumes or are irritants when children are not present.
- The [EPA](#) has additional information about how to protect the indoor air quality in your home.

## §747.3209. May I use a dishwasher or washing machine to sanitize items at my child-care home?

*Subchapter R, Health Practices*

*Division 1, Environmental Health*

*September 2003*

Items that can be washed in a dishwasher or hot cycle of a washing machine which runs at a temperature of 160 degrees Fahrenheit or higher for five or more minutes do not need additional disinfecting because these machines use water that is hot enough, for long enough, to kill most germs. [Medium]

## §747.3211. When must caregivers wash their hands?

*Subchapter R, Health Practices*

*Division 1, Environmental Health*

*April 2017*

Caregivers must wash their hands:

- (1) Before eating or handling food or medication [Medium-High];
- (2) Before feeding a child [Medium-High];
- (3) After arriving at the child-care home [Medium-High];
- (4) After diapering a child [Medium-High];
- (5) After assisting a child with toileting [Medium-High];
- (6) After personal toileting [Medium-High];
- (7) After handling or cleaning bodily fluids, such as after tending sores and wiping noses, mouths, or bottoms [Medium-High];
- (8) After handling or feeding animals [Medium-High];
- (9) After outdoor activities [Medium-High];
- (10) After handling raw food products [Medium-High];
- (11) After eating, drinking, or smoking [Medium-High];
- (12) After using any cleaners or toxic chemicals [Medium-High]; and
- (13) After removing gloves. [Medium-High]

### Technical Assistance

When hand washing and cleaning routines are modeled, the children learn good health and safety practices.

## §747.3213. When must children wash their hands?

*Subchapter R, Health Practices*

*Division 1, Environmental Health*

*September 2003*

Children must wash their hands:

- (1) Before eating [Medium-High];
- (2) Before playing in a water play table or other water activities [Medium-High];
- (3) After toileting or having a diaper changed [Medium-High];
- (4) After outdoor activities [Medium-High];
- (5) After playing in sand [Medium-High];
- (6) After feeding or touching animals [Medium-High]; and
- (7) Any other time that the caregiver has reason to believe the child has come in contact with substances that could be harmful to the child. [Medium-High]

### Technical Assistance

It is a best practice to require all children to wash their hands immediately upon entering your home. It is also a best practice to require all parents visiting your home to wash their hands upon entering. Studies have shown an increase in overall health in a child-care setting when programs eliminate the transmission of germs from the child's home environment to the child-care setting by requiring hand hygiene for all entering the child-care home.

## §747.3215. How must children and caregivers wash their hands?

*Subchapter R, Health Practices*

*Division 1, Environmental Health*

*April 2017*

Children 18 months and older and caregivers must wash their hands with soap and running water.  
[Medium-High]

### Technical Assistance

- Research has shown the single most effective practice that prevents the spread of germs in the child-care setting is good hand washing by caregivers and children.
- Rubbing hands together under running water is the most important part of washing away infectious germs. Deficiencies in hand washing, including sharing basins of water, have contributed to many outbreaks of diarrhea among children and caregivers in child-care settings.
- The Centers for Disease Control (CDC) recommends these hand washing steps:
  - Wet your hands with clean running water and apply soap;
  - Rub your hands together to make lather and scrub them well, and be sure to scrub the backs of your hands, between your fingers, and under your nails;
  - Continue rubbing your hands for **at least 20 seconds (tip: hum the “Happy Birthday” song twice)**;
  - Rinse your hands well under running water;
  - Dry your hands using a clean towel or air dry; and
  - Use a paper towel to turn off the faucet.

## §747.3216. May I use hand sanitizer as a substitute for washing hands?

*Subchapter R, Health Practices*

*Division 1, Environmental Health*

*April 2017*

You may use hand sanitizers as a substitute for washing hands if all of the following conditions are met:

- (1) You only use hand sanitizers on children 24 months and older [Medium-High];
- (2) You do not use hand sanitizers to wash hands that are visibly dirty or greasy or have chemicals on them, unless you are away from the activity space and soap and water are not available for hand washing [Medium-High];
- (3) You follow the labelling instructions for the appropriate amount to be used and for how long the hand sanitizer needs to remain on the skin surface to be effective [High];
- (4) Children have adult supervision when using hand sanitizers [Medium-High]; and
- (5) You store hand sanitizers out of the reach of children when not in use. [Medium-High]

### Technical Assistance

- The use of hand sanitizers does not substitute for hand washing in the group care setting.
- Supervision of children is required to monitor effective use of hand sanitizers and to avoid potential ingestion or inadvertent contact with a child's eyes, mouth, or nose.
- The [FDA](#) has additional information and recommendations regarding safely using hand sanitizer.



## §747.3217. How must I wash an infant's hands?

*Subchapter R, Health Practices*

*Division 1, Environmental Health*

*April 2017*

(a) Until the infant is old enough to be raised to the faucet and reach for the water, you **must wash the infant's hands using an individual cloth or disposable towel with soap**, followed by a cloth or disposable towel used to rinse with clear water and dry.

[Medium-High]

(b) Use soap and running water as specified in this division when infants are old enough to be raised to the faucet and reach for the water and any other time that the caregiver has reason to believe the infant has come in contact with substances that could be harmful to the infant. [Medium-High]

### Technical Assistance

- An infant that does not have muscle control of the infant's head and neck must not be raised to the sink to wash the infant's hands.
- Baby wipes may be used for infants that do not have the muscle control to hold up their head and reach for the water. However, the baby wipes must state they are safe to use for infants and must be discontinued once the infant is able to be raised to the faucet and reach for the water.

## §747.3219. Must I have hot water for hand washing?

*Subchapter R, Health Practices*

*Division 1, Environmental Health*

*September 2003*

No. We do not require you to have hot water for hand washing. However, if hot water is accessible to the children, a thermostat must control it so that the water temperature is no higher than 120 degrees Fahrenheit. [Medium-High]

### Technical Assistance

- Although hot water is not required, adults and children are more likely to wash their hands when the running water can be adjusted to a comfortable temperature. Many local health departments require hot water.

## Technical Assistance

- When children have access to a hand-washing sink, it is important to protect them from being scalded. Research indicates tap water burns are a leading cause of non-fatal burns and children under five are the most frequent victims. If a local health department requires water hotter than 120 degrees F for other uses in the child-care home, several measures are available to adjust water temperature at a hand-washing sink.

## §747.3221. Must caregivers wear gloves when handling blood or bodily fluids containing blood?

*Subchapter R, Health Practices*

*Division 1, Environmental Health*

*September 2016*

Yes, caregivers must follow universal precautions outlined by the Centers for Disease Control (CDC) when handling blood, vomit, or other bodily fluids that may contain blood including:

- (1) Using disposable, nonporous gloves [Medium-High];
- (2) Placing gloves contaminated with blood in a tied, sealed, or otherwise closed plastic bag and discarding them immediately [Medium-High];
- (3) Discarding all other gloves immediately after one use [Medium-High]; and
- (4) Washing your hands with soap and running water after using and disposing of the gloves. [Medium-High]

## Technical Assistance

Although human milk is a body fluid, it is not necessary to wear gloves when feeding or handling human milk.

## §747.3223. Must I use a licensed exterminator to treat my child-care home for insects, rodents, or other pests?

*Subchapter R, Health Practices*

*Division 1, Environmental Health*

*September 2003*

No, although you must keep your child-care home and yard free of insects, rodents, or pests.

[Medium-High]

## §747.3225. Are there general precautions I must take when my child-care home is being treated for insects, rodents, or other pests?

*Subchapter R, Health Practices*

*Division 1, Environmental Health*

*September 2003*

Yes. You must do the following when your child-care home is being treated for insects, rodents, or other pests:

- (1) Ensure children are not present in an area being treated with chemicals as required by label directions [Medium-High];
- (2) Apply over-the-counter products used for insects, rodent, and pest control only by following label directions [Medium-High];
- (3) **Minimize children's exposure to** chemical residue that may be harmful to them, including odors [Medium-High];
- (4) Store all pest control products according to label directions [Medium-High];
- (5) Immediately dispose of dead insects and rodents in a safe and sanitary manner. [Medium-High]

## §747.3227. May I use water from a private water supply instead of a public water supply for my child-care home?

*Subchapter R, Health Practices*

*Division 1, Environmental Health*

*September 2003*

Yes, you may use water from a private water supply, although you must:

- (1) Maintain the water supply in a safe and sanitary manner. [Medium-High]
- (2) Maintain written records indicating that the private water supply meets the requirements of the Texas Commission on Environmental Quality, if applicable. [Medium-High]

### Technical Assistance

- [Caring for Our Children](#) recommends well water be tested annually, or as required by the local health department, for bacterio-logical quality, nitrates, total dissolved solids, pH levels, and other water quality indicators as required by the local health department. Testing for nitrate is especially important if there are infants under six months of age in care.
- High levels of nitrates in drinking water can be dangerous and potentially fatal to infants. If you are unsure if your private water supply may contain nitrates, you can contact your [state certification officer](#) for a list of laboratories in your area that will perform tests on your water supply for a fee.

## §747.3229. May I use a septic system for sewage disposal?

*Subchapter R, Health Practices*

*Division 1, Environmental Health*

*September 2003*

Yes, if the septic system is sanitary and meets the standards of the Texas Commission on Environmental Quality, including any routine inspections required by law. [Medium-High]

## Division 2, Diaper Changing

### §747.3301. What steps must I follow for diaper changing?

*Subchapter R, Health Practices*

*Division 2, Diaper Changing*

*April 2017*

Caregivers must:

- (1) Promptly change soiled or wet diapers or clothing [Medium-High];
- (2) Thoroughly cleanse the child with individual cloths or disposable towels. You must discard the disposable towels after use and launder any cloths before using them again [Medium-High];
- (3) Ensure that the children are dry before placing a new diaper on the child. If the child must be dried, you must use a clean, individual cloth or disposable towel to dry the child. You must discard the disposable towel after use and launder any cloth before using it again [Medium-High];
- (4) **Not apply powders, creams, ointments, or lotions unless you obtain the parent's written permission.** If the parent supplies these items, permission is implicit and you do not need to obtain permission for each use [Medium-High];
- (5) **Label powders, creams, ointments, or lotions with the individual child's name** [Medium-High]; and
- (6) Keep all diaper-changing supplies out of the reach of children. [Medium-High]

## Technical Assistance

- A pleasant attitude while **changing a child's diaper, even if a child has had a loose stool, helps to develop a child's positive sense of self.**
- **Wipes are helpful in removing residue, such as food off a baby's face or feces from a baby's bottom during diaper changing.**
- Parents need to give permission before over-the-counter creams or powders are used. **A parent can address whether the child has a skin allergy or if a child's pediatrician does not recommend use of topical products when diapering.** Caregivers may seek written permission to use these products before the need arises.

## §747.3303. What equipment must I have for diaper changing?

*Subchapter R, Health Practices*

*Division 2, Diaper Changing*

*March 2023*

- (a) You must have a diaper changing table or surface that is:
- (1) Smooth, non-absorbent and easy to clean [Medium-High]; and
  - (2) Located so that the caregiver using the diapering surface can supervise children at all times, as specified in §747.1503 of this chapter (relating to What responsibilities does a caregiver have when supervising a child or children?). [Medium-High]
- (b) You must not use areas for diaper changing that children come in close contact with during play or eating, such as dining tables, sofas, or floor play areas. [Medium-High]
- (c) If the diaper changing table or surface is above the floor level, then at all times when the child is on the table/surface:
- (1) There must be a safety mechanism (such as raised sides) that is used [Medium-High];
  - (2) The caregiver's hand must remain on the child [Medium-High]; or
  - (3) The caregiver must be facing the child and within an arm's length of the child. [Medium-High]

## Technical Assistance

- A separate area used for diaper changing and/or changing of soiled underwear reduces contamination of other parts of the child-care environment.
- Safety straps on a diaper changing table or surface should not be used because the straps are difficult to sanitize and can cross contaminate.

# §747.3307. What must I do to prevent the spread of germs when diapering children?

*Subchapter R, Health Practices*

*Division 2, Diaper Changing*

*April 2017*

- (a) You must wash your hands after each diaper change. Refer to §747.3215 of this title (relating to How must children and caregivers wash their hands?).  
[Medium-High]
- (b) You must wash the **infant's hands or see that the child's hands are washed after** each diaper change. Refer to §747.3217 of this title (relating to How must I **wash an infant's hands?**) [Medium-High]
- (c) If you use disposable gloves, you must discard them after each diaper change and wash your hands with soap and running water. [Medium-High]
- (d) You must sanitize the diapering-changing surface after each use, or use a clean, disposable covering on the diapering surface that must be changed after each use. [Medium-High]
- (e) You must cover containers used for soiled diapers or keep them in a sanitary manner, such as placing soiled diapers in a tied, sealed, or otherwise closed plastic bag. [Medium-High]
- (f) You must place soiled clothing in a tied, sealed, or otherwise closed plastic bag to be sent home with the child. [Medium-High]

## Technical Assistance

- Recommendation: Assembling all of the supplies necessary for a diaper change before bringing the child to the changing table ensures the protection of the child. If the hand-washing sink is not adjacent to the diapering area, wipes may be used, as a temporary **measure only, to clean the caregiver's and child's hands while supervising the child on the changing table.**
- **During diaper changing, a child's hands often stray into the area of the child's body covered by the diaper.** Germs are contained in human waste and body fluids and are **present on the skin and the diaper even if they cannot be seen.** Washing an infant's or child's hands after each diaper change helps reduce the spread of germs.
- Because of the risk of splashing and gross contamination of hands, sinks, and bathroom surfaces, rinsing diapers or clothes soiled with fecal material in the child-care setting increases the risk that you, other caregivers, and the children would be exposed to germs that cause infection.
- Rotating two changing mats throughout the day, using one while another is sanitized and dries, provides an alternative to waiting between diaper changes.

## Division 3, Illness and Injury

### §747.3401. What type of illness would prohibit a child from attending the child-care home?

*Subchapter R, Health Practices*

*Division 3, Illness and Injury*

*March 2023*

You must not allow an ill child to attend your child-care home if one or more of the following exists:

- (1) The illness prevents the child from participating comfortably in child-care activities including outdoor play [Medium-High];
- (2) The illness results in a greater need for care than caregivers can provide without compromising the health, safety, and supervision of the other children in care [Medium-High];



- (3) The child has one of the following (unless a medical evaluation by a health-care professional indicates that you can include the child in the child-care activities):
- (A) An oral temperature above 101 degrees that is accompanied by behavior changes or other signs or symptoms of illness [Medium];
  - (B) A tympanic (ear) temperature above 100 degrees that is accompanied by behavior changes or other signs or symptoms of illness. Tympanic thermometers are not recommended for children under six months old [Medium];
  - (C) An axillary (armpit) temperature above 100 degrees that is accompanied by behavior changes or other signs or symptoms of illness [Medium]; or
  - (D) An infrared temporal (forehead) temperature above 100 degrees that is accompanied by behavior changes or other signs or symptoms of illness [Medium]; or
  - (E) Symptoms and signs of possible severe illness such as lethargy, abnormal breathing, uncontrolled diarrhea, two or more vomiting episodes in 24 hours, rash with fever, mouth sores with drooling, behavior changes, or other signs that the child may be severely ill [Medium]; or
- (4) A health-care professional has diagnosed the child with a communicable disease, and the child does not have medical documentation to indicate that the child is no longer contagious. [Medium]

## Technical Assistance

- **Regarding paragraph (3), when taking a child's temperature, the American Academy of Pediatrics (AAP) indicates:**
  - Electronic devices for measuring temperature require periodic calibration and specific training in proper technique;
  - Using infrared temporal thermometers outside in direct sunlight may affect readings; and
  - The height of fever does not indicate the severity of the illness.
- Regarding subparagraph (E), as with temperatures a child does not have to be sent home unless there are multiple symptoms and signs of possible severe illness. Some children may also have medical issues that cause one or more symptoms, but the symptoms may not be a sign of possible severe illness (for example, a child that is lactose intolerant or is taking an antibiotic that causes digestive side effects may have diarrhea but no other symptoms of an illness).
- To clarify "uncontrolled diarrhea", this is when:
  - A diapered child's stool:
    - Is not contained in the diaper; and/or
    - Exceeds two or more stools above the normal for that child; and
  - A toilet-trained child's diarrhea is causing soiled pants and clothing.

## §747.3403. What communicable diseases would exclude a child from attending my child-care home?

*Subchapter R, Health Practices*

*Division 3, Illness and Injury*

*April 2017*

You must follow the communicable disease exclusions required for schools as defined by the Texas Department of State Health Services (DSHS) in 25 TAC §97.7 (relating to Diseases Requiring Exclusion from Schools). [Medium-High]

## Technical Assistance

You can assess the DSHS rule at:

[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC) by clicking on "Title 25 Health Services", clicking on "Part 1 Department of State Health Services", clicking on "Chapter 97 Communicable Diseases", clicking on Subchapter A Control of Communicable Diseases", and clicking on "97.7 Diseases Requiring Exclusion from Schools".

## §747.3405. How must caregivers respond when a child becomes ill?

*Subchapter R, Health Practices*

*Division 3, Illness and Injury*

*April 2021*

(a) If a child becomes ill while in your care but does not require immediate treatment by a health-care professional or hospitalization, you must:

- (1) Contact the parent to pick up the child [Medium-High];
- (2) Care for the child apart from other children [Medium-High];
- (3) Give appropriate attention and supervision until the parent picks the child up [Medium-High]; and
- (4) Give extra attention to hand washing and sanitation if the child has diarrhea or vomiting. [Medium-High]

(b) If a child becomes ill while in your care and requires immediate treatment by a health-care professional or hospitalization, you must:

- (1) Contact emergency medical services (or take the child to the nearest emergency room after you have ensured the supervision of other children in the group) [High];
- (2) Give the child first-aid treatment or CPR when needed [High];
- (3) **Contact the child's parent** [High];
- (4) **Contact the physician or other health-care professional identified in the child's record** [High]; and

(5) Ensure the supervision of other children in the group. [High]

## §747.3406. When may a child who was ill return to my child-care home?

*Subchapter R, Health Practices*

*Division 3, Illness and Injury*

*April 2017*

A child who was ill may return to your child-care home when:

- (1) The child is free of symptoms of illness for 24 hours [Medium]; or
- (2) You have obtained a health-care professional's written statement that the child no longer has an excludable disease or condition. [Medium]

## §747.3407. How must caregivers respond when a child is injured and requires immediate treatment by a health-care professional?

*Subchapter R, Health Practices*

*Division 3, Illness and Injury*

*April 2021*

For an injury that requires immediate treatment by a health-care professional, you must:

- (1) Contact emergency medical services (or take the child to the nearest emergency room after you have ensured the supervision of other children in the home) [High];
- (2) Give the child first-aid treatment or CPR when needed [High];
- (3) Contact the child's parent [High];
- (4) Contact the physician or other health-care professional identified in the child's record [Low];  
and
- (5) Ensure supervision of other children in the group. [High]

If emergency medical services has been contacted, it is not necessary to also contact the child's physician or other health-care professional unless directed to do so by EMS personnel.

## §747.3409. What is a vaccine-preventable disease for the purpose of this division?

*Subchapter R, Health Practices*

*Division 3, Illness and Injury*

*June 2014*

A vaccine-preventable disease is a disease that is included in the most current recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

## §747.3411. What must a policy for protecting children from vaccine-preventable diseases include?

*Subchapter R, Health Practices*

*Division 3, Illness and Injury*

*April 2017*

A licensed child-care home that is not located in the primary caregiver's own residence must have a policy for protecting the children in your care from vaccine-preventable diseases. The policy must:

- (1) Specify any vaccines that you have determined an employee must have for vaccine-preventable diseases based on the level of risk the employee presents to children by the employee's routine and direct exposure to children [Medium];
- (2) Require each employee to receive each specified vaccine that the employee is not exempt from having [Medium-High];
- (3) Include procedures for verifying whether an employee has complied with your policy [Medium];
- (4) Include procedures for an employee to be exempt from having a required vaccine because of:

(A) Medical conditions identified as contraindications or precautions by the Centers for Disease Control and Prevention (CDC) [Medium]; or

(B) Reasons of conscience, including a religious belief [Medium];

(5) Include procedures that an exempt employee must follow to protect children in your care from exposure to disease, such as the use of protective medical equipment, including gloves and masks, based on the level of risk the employee presents to children by the employee's routine and direct exposure to children [Medium-High];

(6) Prohibit discrimination or retaliatory action against an exempt employee, except that required use of protective medical equipment, including gloves and masks, may not be considered retaliatory action for purposes of this section [Medium-Low];

(7) Outline how you will maintain a written or electronic record of each employee's compliance with or exemption from your policy [Medium]; and

(8) State the disciplinary actions you may take against an employee who fails to comply with your policy. [Medium]

## Technical Assistance

You can find more information on the current immunizations recommended for adults on the Center for Disease Control (CDC) website at:

<http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule.pdf>

The specific immunizations needed as an adult vary on such factors including age, overall health as well as persons you are in close contact with. Some immunizations given during adulthood may include:

- Influenza (Flu) – this immunization helps protect against the flu. When determining if a flu shot is required some factors to consider are people at a higher of risk of severe flu and persons with close contact with others who are at a higher risk of flu including persons who care for children younger than 12 months of age.
- HepA (Hepatitis) – this immunization helps protect against the hepatitis A disease. Factors to be considered when determining the need for the HepA immunization can include anyone who will be in close contact with a person or child from a country that has high rates of Hepatitis A.
- Pertussis (Whooping Cough) – two immunizations known as DTap and Tdap help protect against this disease. Whooping cough is very contagious and most severe for babies. Factors to consider when determining the need for this immunization include determining the level of risk associated with certain persons and caregivers who are in close contact with infants. It is important to understand that whooping cough is usually spread by coughing or sneezing and many babies who get whooping cough are infected by persons including caregivers who might not even know they have the disease.

For additional information regarding the development of your policy for protecting children from vaccine-preventable diseases please refer to Appendix III: Vaccine-Preventable Diseases.

## Subchapter S, Safety Practices

### Division 1, Safety Precautions

§747.3501. What safety precautions must I take to protect children in my child-care home?

*Subchapter S, Safety Practices*

*Division 1, Safety Precautions*

*March 2023*

All areas accessible to a child must be free from hazards including, but not limited to [Medium-High], the following:

- (1) Electrical outlets accessible to a child younger than five years must have child-proof covers or safety outlets [Medium-High];
- (2) **220-volt electrical connections within any child's reach must be** covered with a screen or guard [Medium-High];
- (3) **Air conditioners, electric fans, and heaters must be mounted out of all children's reach or** have safeguards that keep any child from being injured [Medium-High];
- (4) Glass in sliding doors must be clearly marked with decals or other materials placed at **children's eye** level [Medium-High];
- (5) Play materials and equipment must be safe and free from sharp or rough edges and toxic paints [Medium-High];
- (6) Poisonous or potentially harmful plants must be inaccessible to children [Medium-High];
- (7) Bottle warmers must be inaccessible to all children and used only according to manufacturer instructions [Medium-High];
- (8) All storage chests, boxes, trunks, or similar items with hinged lids must be equipped with a lid support designed to hold the lid open in any position, be equipped with ventilation holes, and must not have a latch that might close and trap a child inside [Medium-High]; and



(9) All bodies of water, such as, pools, hot tubs, ponds, creeks, birdbaths, fountains, buckets, and rain barrels, must be inaccessible to children. [High]

#### Technical Assistance

- The environment must be free of health and safety hazards to reduce risks to children. Additional examples of hazards to children include: sharp scissors, plastic bags, knives, cigarettes, matches, lighters, flammable liquids, drugs/medications, sharp instruments such as ice picks, power tools, cleaning supplies, chemicals, and other items labeled keep out of the reach of children.
- It is also important to secure televisions and furniture (for example book cases) so they cannot tip over. For example:
  - Mount flat televisions to the wall, so they cannot be pulled down;
  - If you have an old box television, put it on furniture that is low, stable, and designed for the size and weight of the television; and
  - Use brackets, braces, or wall straps to secure furniture to the wall.
- Buildings, grounds, and equipment in a state of disrepair threaten the health and safety of children.
- Regarding paragraph (9), according to the U.S. Consumer Product Safety Commission (CPSC), any body of water including bathtubs, pails, and toilets presents a drowning risk to young children. An estimated 50 infants and toddlers drown each year in buckets containing liquid used for mopping floors and other household chores. The 5-gallon bucket presents the greatest hazard to young children because of its tall straight sides and its weight with even a small amount of liquid. It is nearly impossible for top-heavy infants and toddlers to free themselves when they fall into a 5-gallon bucket head first.
- To assist in ensuring safety with respect to the outdoor grounds of the home, the Texas Department of State Health Services provides free safe siting resources to child-care providers. These resources aid in determining whether the child-care home is located in an area where past or current chemical use could pose a threat to children. You can find additional information through [The Safe Siting Initiative](#).

## §747.3503. How can I ensure the safety of the children from other persons?

*Subchapter S, Safety Practices*

*Division 1, Safety Precautions*

*April 2017*

- (a) People whose behavior and/or health status poses an immediate threat or danger to the health or safety of the children must not be present when children are in care. [High]
- (b) People must not consume alcohol or controlled substances without a prescription in the child-care home, during transportation, or on field trips. [High]
- (c) People must not be under the influence of or impaired by alcohol or controlled substances in the child-care home, during transportation, or on field trips. [High]
- (d) People must not smoke any e-cigarette, vaporizer, or tobacco product or otherwise use any tobacco product during operating hours in your child-care home, garage, on the playground, in transportation vehicles, or during field trips. [High]

### Technical Assistance

- According to the American Academy of Pediatrics, scientific evidence has linked respiratory health risks to secondhand smoke. Infants and young children exposed to secondhand smoke are at increased risk of developing respiratory infections, such as bronchitis and pneumonia, and middle ear infections.
- Separation of smokers and nonsmokers within the same air space does not eliminate or minimize exposure of nonsmokers to secondhand smoke.

## §747.3505. Are firearms or other weapons allowed at my child-care home?

*Subchapter S, Safety Practices*

*Division 1, Safety Precautions*

*April 2017*

- (a) Firearms, hunting knives, bows and arrows, or other weapons kept on the premises of a child-care home must remain in a locked cabinet that is inaccessible to children during all hours of operation, with the exception of peace officers as listed in §2.12 of the Code of Criminal Procedure and security officers commissioned by the Texas

Private Security Board who are trained and certified to carry a firearm and ammunition. [High]

(b) Ammunition must be kept in a separate locked cabinet that is inaccessible to children during all hours of operation. [High]

## §747.3507. May I have toys or other types of equipment that explode or shoot things?

*Subchapter S, Safety Practices*

*Division 1, Safety Precautions*

*April 2017*

A child may not use any type of toy or equipment that explodes or that shoots things, such as caps, BB guns, darts, or fireworks at the child-care home or on field trips. These types of toys and equipment must remain in a locked cabinet inaccessible to children during your hours of operation. [Medium-High]

## Division 2, Medication and Medical Assistance

### §747.3601. What does “medication” refer to in this division?

*Subchapter S, Safety Practices*

*Division 2, Medication and Medical Assistance*

*April 2017*

In this division, medication means:

- (1) A prescription medication; or
- (2) A non-prescription medication, excluding topical ointments such as diaper ointment, insect repellent, or sunscreen.

#### Technical Assistance

Supplements such as vitamins and minerals are not considered medications. Requirements regarding supplements are addressed in §747.3111 of this chapter.

### §747.3603. What authorization must I obtain before administering a medication to a child in my care?

*Subchapter S, Safety Practices*

*Division 2, Medication and Medical Assistance*

*March 2012*

- (a) Authorization to administer medication to a child in your care must be obtained **from the child’s** parent:
  - (1) In writing, signed and dated [Medium-High];
  - (2) In an electronic format that is capable of being viewed and saved [Medium-High]; or
  - (3) By telephone to administer a single dose of a medication. [Medium-High]
- (b) Authorization to administer medication expires on the first anniversary of the date the authorization is provided. [Medium-High]

- (c) **The child's parent** may not authorize you to administer medication in excess of **the medication's** label instructions or the directions of the **child's** health-care professional. [Medium]
- (d) Parent authorization is not required if you administer a medication to a child in a medical emergency to prevent the death or serious bodily injury of the child, provided that you administer the medication as prescribed, directed, or intended. [Medium-High]

## §747.3605. How must I administer medication to a child in my care?

*Subchapter S, Safety Practices*

*Division 2, Medication and Medical Assistance*

*March 2012*

- (a) Medication must be given:
- (1) As stated on the label directions [High]; or
  - (2) **As amended in writing by the child's health-care professional.** [High]
- (b) Medication must:
- (1) Be in the original container **labeled with the child's full name and the date brought to the operation** [Medium-High];
  - (2) Be administered only to the child for whom it is intended [High]; and
  - (3) Not be administered after its expiration date. [Medium-High]
- (c) When you administer medication to a child in your care, you must make a record of the following:
- (1) Full name of the child to whom the medication was given [Medium-High];
  - (2) Name of the medication [Medium-High];
  - (3) Date, time, and amount of medication given [Medium-High]; and
  - (4) Full name of the caregiver administering the medication, if it is not the primary caregiver. [Medium-High]
- (d) You must keep all medication records for at least three months after administering the medication. [Medium]

## §747.3607. How must I store medication that I administer to a child?

*Subchapter S, Safety Practices*

*Division 2, Medication and Medical Assistance*

*September 2003*

You must store medication as follows:

- (1) Keep it out of the reach of children or in locked storage [High];
- (2) Store it in a manner that does not contaminate food [Medium-High]; and
- (3) Refrigerate it, if refrigeration is required, and keep it separate from food. [Medium-High]

## §747.3609. How long may I keep the medication that I administer to a child?

*Subchapter S, Safety Practices*

*Division 2, Medication and Medical Assistance*

*September 2003*

You must dispose of the medication, or return it to the parent, when the child withdraws from the child-care home, or when the medication is out-of-date, or is no longer required for the child.

[Medium]

## §747.3611. Do I have to notify parents if I do not want to administer medications?

*Subchapter S, Safety Practices*

*Division 2, Medication and Medical Assistance*

*September 2003*

Yes. If you choose not to administer medication to children, you must inform the parents of this **policy in writing, prior to the child's** enrollment. [Medium]

## §747.3613. What is specialized medical assistance?

*Subchapter S, Safety Practices*

*Division 2, Medication and Medical Assistance*

*March 2012*

Specialized medical assistance is any medical assistance other than medication. Examples include, but are not limited to, assisting with an apnea monitor, protective helmet, or leg brace.

## §747.3615. What are my requirements regarding specialized medical assistance?

*Subchapter S, Safety Practices*

*Division 2, Medication and Medical Assistance*

*March 2012*

- (a) If a child in your care requires specialized medical assistance, then you are required to provide specialized medical assistance as recommended or ordered by a health-care professional. [High]
- (b) If you are provided with a written copy of the health-care professional's recommendations or orders, you must maintain this written information in the **child's record for at least three months after the health-care professional has indicated that the specialized medical assistance is no longer needed.** [Medium-High]

## §747.3617. What is a food allergy emergency plan?

*Subchapter S, Safety Practices*

*Division 2, Medication and Medical Assistance*

*September 2016*

A food allergy emergency plan is an individualized plan prepared by the child's health care professional that includes:

- (1) a list of each food the child is allergic to;
- (2) possible symptoms if exposed to a food on the list; and
- (3) the steps to take if the child has an allergic reaction.

## §747.3619. When must I have a food allergy plan for a child?

*Subchapter S, Safety Practices*

*Division 2, Medication and Medical Assistance*

*April 2017*

You must have a food allergy emergency plan for each child with a known food allergy that has been diagnosed by a health-care professional. The child's health-care professional and parent must sign and date the plan. You must keep a copy of the plan in the child's file. [Medium-High]



## Division 3, Animals at My Child-Care Home

§747.3701. What steps must I take to have animals at my child-care home or on field trips?

*Subchapter S, Safety Practices*

*Division 3, Animals at My Child-Care Home*

*April 2017*

If you choose to have animals on the premises of your child-care home while children are in care or on field trips, you must:

- (1) Notify parents in writing when animals are or will be present [Medium];
- (2) Ensure the animals do not create unsafe or unsanitary conditions [Medium-High];
- (3) Ensure that children do not handle any animal that shows signs of illness, such as lethargy or diarrhea [Medium-High]; and
- (4) Ensure that caregivers and children practice good hygiene and hand washing after handling or coming in to contact with an animal and items used by an animal, such as water bowls, food bowls, and cages. [Medium-High]

### Technical Assistance

- Informing parents in writing when animals are or will be present in the child-care home and/or on field trips allows parents to decide whether to enroll their child and whether to prohibit or allow their child to have contact with the animals.
- Caregivers should supervise children **near and around animals' water bowls to ensure children don't play in or drink from the water bowl.**

## §747.3703. Must I keep documentation of vaccinations for the animals?

*Subchapter S, Safety Practices*

*Division 3, Animals at My Child-Care Home*

*December 2010*

(a) Yes. You must have documentation at your child-care home showing dogs and cats have been vaccinated as required by Texas Health and Safety Code, Chapter 826.

[Medium-High]

(b) You must have a statement of health from a local veterinarian at your child-care home for all animals, such as dogs, cats, and ferrets, with the exception of small rodents, such as guinea pigs, mice, and hamsters. [Medium]

### Technical Assistance

A statement of health from a local veterinarian, trained to assess the health of animals and the spread of disease through direct or indirect means, is important to decrease the health risk to children.

## §747.3705. Must I prevent children from having contact with certain animals while at my child-care home?

*Subchapter S, Safety Practices*

*Division 3, Animals at My Child-Care Home*

*December 2010*

(a) Yes. Children must not have contact with chickens, ducks, and reptiles, such as snakes, turtles, lizards, iguanas, and amphibians, such as frogs and toads.

[Medium-High]

(b) You must keep the child-care home and playground free of animals unfamiliar to you. [Medium-High]

(c) In addition to the animals specified in subsection (a) of this section, you must not allow children to play with:

(1) Animals unfamiliar to you [Medium-High];

(2) Animals familiar to you but showing behavioral changes that could be perceived as dangerous [Medium-High]; and

(3) Animals that could be dangerous, such as monkeys. [Medium-High]

#### Technical Assistance

Research has shown there is a high risk of contracting and spreading salmonellosis by either direct contact or indirect contact with chickens, ducks, reptiles (such as snakes, turtles, lizards, and iguanas), and amphibians (such as frogs and toads).

## Division 4, First-Aid Kits

§747.3801. Must I have a first-aid kit at my child-care home?

*Subchapter S, Safety Practices*

*Division 4, First-Aid Kits*

*September 2003*

Yes. You must have a first-aid kit available in the child-care home and on all field trips that is [Medium-High]:

- (1) Clearly labeled [Medium];
- (2) Kept in a clean and sanitary manner [Medium-High];
- (3) Easily accessible to all caregivers and household members [Medium-High];
- (4) In a designated location [Medium-High]; and
- (5) Kept out of the reach of children. [Medium-High]

## §747.3803. What items must each first-aid kit contain?

*Subchapter S, Safety Practices*

*Division 4, First-Aid Kits*

*March 2023*

- (a) Each first-aid kit must contain the following supplies:
- (1) A guide to first aid and emergency care [Medium];
  - (2) Adhesive tape [Medium];
  - (3) Antiseptic solutions or wipes [Medium];
  - (4) Adhesive bandages [Medium];
  - (5) Scissors [Medium];
  - (6) Sterile gauze pads [Medium];
  - (7) Thermometer, preferably non-glass [Medium];
  - (8) Tweezers [Medium]; and
  - (9) Waterproof, disposable gloves. [Medium]
- (b) The first-aid supplies must not have expired. [Medium]

### Technical Assistance

Caregivers should exercise care when using glass thermometers containing mercury due to the risks associated with mercury contact in the event the thermometer breaks.

## Division 5, Release of Children

### §747.3901. Who may I release children to?

*Subchapter S, Safety Practices*

*Division 5, Release of Children*

*September 2003*

You may release children only to a parent or a person designated by the parent. [Medium-High]

#### Technical Assistance

- If you suspect the person picking up a child is under the influence of drugs or alcohol, you may call local police and request their assistance.
- You may not legally prevent the child from being picked up by a parent or person designated by the parent, however, you may address this issue at enrollment by asking parents what they would like for you to do if you do not feel comfortable releasing the child to one of the parents and signing an agreement to this effect.
- Law enforcement officers and DFPS Child Protective Services staff have the authority by law to **remove a child without a parent's** permission.
- Always ask to see identification of persons you do not know.

### §747.3903. How does a caregiver verify the identity of a parent or a person a parent has designated to pick up the child?

*Subchapter S, Safety Practices*

*Division 5, Release of Children*

*April 2017*

- (a) You must develop policies for the release of children, including a plan to verify the identity of a person authorized to pick up a child, but whom the caregiver does not know. If your child-care home transports children, the plan must include verifying the identity of a person to whom you release a child from a child-care home transportation vehicle. [Medium-High]
- (b) Caregivers must be the individuals responsible for overseeing the release of children in care. [Medium-High]

- (c) Your policies must include a reasonable means to record the identity of the individual, such as making a copy of a valid photo identification or instant photograph of the individual or recording the driver's license number or license plate number. You must retain this information in the child's record for at least three months. [Medium-High]
- (d) You must instruct all caregivers and household members, who are 14 years of age and older who are regularly or frequently present at the child-care home while children are in care, of your policies for the release of children, including the verification plan. [Medium-High]

## Division 6, Product Safety

### §747.3931. What are “children’s products?”

*Subchapter S, Safety Practices*

*Division 6, Product Safety*

*March 2010*

Children’s products are products that are designed or intended to be used by a child under 13 years of age or used by a caregiver during the care of a child under 13 years of age. The term does not include:

- (1) An item that is not designed or intended to be used solely or primarily by a child under 13 years of age or for the care of a child under 13 years of age;
- (2) A medication, drug, food, or other item that is intended to be ingested; or
- (3) Clothing.

### §747.3933. When is a children’s product considered to be unsafe?

*Subchapter S, Safety Practices*

*Division 6, Product Safety*

*March 2010*

A **children’s** product is considered to be unsafe if after it has been recalled for any reason by the United States Consumer Product Safety Commission:

- (1) The recall has not been rescinded; and
- (2) The product has not been made safe through being remanufactured or retrofitted.

## §747.3935. What are my responsibilities regarding unsafe **children’s products in my child**-care home?

*Subchapter S, Safety Practices*

*Division 6, Product Safety*

*March 2010*

- (a) You are responsible for reviewing the United States Consumer Product Safety Commission (CPSC) recall list. You may view all current and past recalls **through the CPSC’s Internet website at: [www.cpsc.gov](http://www.cpsc.gov)**. You must ensure that **there are no unsafe children’s products in your child**-care home unless one or more of the following apply:
- (1) **The product is an antique or collectible children’s product and is not** used by, or accessible to any child [Medium-High]; or
  - (2) **The unsafe children’s product is being retrofitted to make it safe and** the product is not used by, or accessible to any child. [Medium-High]
- (b) You must certify annually in writing using a form provided by HHSC that you have reviewed each of the recall notices issued by the CPSC and that there are no unsafe products in the home except products specified in subsection (a) of this section. The form must be kept on file and available for review upon request by Licensing staff, parents, and employees during hours of operation. [Medium]
- (c) You must post a notice for parents and employees in a prominent and publicly accessible place that includes information on how to access a listing of unsafe **children’s products** through the CPSC Internet website or through the HHSC Internet website. [Medium]

### Technical Assistance

Regarding subsection (b), the HHSC product certification form may be found at:

[Child Care Regulation Forms | Texas Health and Human Services](https://www.hhs.texas.gov/providers/protective-services-providers/child-care-regulation/child-day-care-provider/child-care-regulation-forms)

(<https://www.hhs.texas.gov/providers/protective-services-providers/child-care-regulation/child-day-care-provider/child-care-regulation-forms>)

Select Form 2885, Children's Product Certification.

When checking the CPSC recall list, it is best practice to check for recalls on any other products you have in your home.



## Subchapter T, Physical Facilities

### Division 1, Indoor Space Requirements

§747.4001. How many square feet of indoor useable activity space must I have for each child?

*Subchapter T, Physical Facilities*

*Division 1, Indoor Space Requirements*

*September 2003*

Your registered or licensed child-care home must have at least 30 square feet of indoor useable activity space for each child in care. [Medium-High]

#### Technical Assistance

- Space in which children can freely move for exercise and development of physical skills is necessary to the well-being of children and ensures protection against overcrowding.
- Conflict between children and behavior problems are more likely to occur in crowded environments and children confined to crowded spaces are more likely to spread germs.

§747.4003. May I care for 12 children if I do not have 30 square feet of indoor useable activity space?

*Subchapter T, Physical Facilities*

*Division 1, Indoor Space Requirements*

*September 2003*

No. We will limit the number of children you may care for based on the indoor useable activity space in the child-care home. [Medium-High]

## **§747.4005. What does Licensing mean by “indoor useable activity space”?**

*Subchapter T, Physical Facilities*

*Division 1, Indoor Space Requirements*

*September 2003*

Indoor useable activity space is space that may be used by a child in the child-care home for a variety of activities specified in this chapter. You must demonstrate to us how the space will be used for at least the following activities:

- (1) Use of cribs and space to explore outside of the crib [Low];
- (2) Use of interest centers or activity stations [Low];
- (3) Space for meals and snack time [Low];
- (4) Space for individual and group activities [Low]; and
- (5) Space for nap or rest time. [Low]

## **§747.4007. Am I required to care for children younger than 18 months separately from older children?**

*Subchapter T, Physical Facilities*

*Division 1, Indoor Space Requirements*

*September 2003*

No, but you must be close enough to the younger children to interact with them and to intervene, if needed to protect them. [Medium-High]

§747.4009. Do the indoor useable activity space requirements in §747.4001 of this title (relating to How many square feet of indoor useable activity space must I have for each child?) apply to my home if it was registered or licensed before September 1, 2003?

*Subchapter T, Physical Facilities*

*Division 1, Indoor Space Requirements*

*September 2003*

If you were registered or licensed before September 1, 2003, you are exempt from this requirement until your permit to operate is no longer valid.

§747.4011. How does Licensing determine the indoor useable activity space?

*Subchapter T, Physical Facilities*

*Division 1, Indoor Space Requirements*

*April 2017*

(a) We determine indoor useable activity space by:

- (1) Measuring all indoor useable activity space from wall to wall on the inside at floor level;
- (2) Rounding all measurements up to the nearest inch;
- (3) Excluding single-use areas, which are areas not routinely used for children's activities, such as a bathroom, hallway, storage room, cooking area of a kitchen, swimming pool, and storage building; and
- (4) Excluding floor space occupied by permanent and stationary fixtures, such as bookcases, shelving, and storage/counter space, that is not intended for use by the children.

(b) We use the sum of the measurements to calculate the indoor useable activity space and to determine the maximum number of children you may care for.

#### Technical Assistance

Local ordinances or fire marshals may have additional restrictions or limitations on the numbers of children the indoor activity space will accommodate.

### §747.4013. May other programs use my indoor usable activity space at the same time I have children in care?

*Subchapter T, Physical Facilities*

*Division 1, Indoor Space Requirements*

*September 2003*

No. You must not share the indoor useable activity space with other programs at the same time you have children in care. [Medium-High]

#### Technical Assistance

Programs such as girl scouts, cub scouts, or other club or organizational activities conducted during operating hours in the activity space used for child care results in overcrowding and may place all of the children in the child-care home at risk, unless the only children attending these programs are the children in child care.

### §747.4015. May I care for children above or below ground level?

*Subchapter T, Physical Facilities*

*Division 1, Indoor Space Requirements*

*March 2023*

To care for children on any level above or below ground level, you must:

- (1) Obtain written approval from the state or local fire authority [Medium-High]; and
- (2) Follow any restrictions issued by the state or local fire authority, including any age limits placed on the approval [Medium-High].

## Technical Assistance

Care for children above or below ground level entails different safety measures that must be considered to ensure safe evacuation of children in an emergency.

## Division 2, Outdoor Space Requirements

§747.4101. How many square feet of outdoor activity space must I have?

*Subchapter T, Physical Facilities*

*Division 2, Outdoor Space Requirements*

*September 2003*

Your registered or licensed child-care home must have 80 square feet of outdoor activity space for each child using the outdoor area at one time. [Medium]

### Technical Assistance

The National Association for the Education of Young Children affirms that adequate outdoor space for play is necessary for the development of gross motor (large muscle) skills and to provide children with fresh air and sunshine.

§747.4103. Do the outdoor activity space requirements apply to my home if it was registered or licensed before September 1, 2003?

*Subchapter T, Physical Facilities*

*Division 2, Outdoor Space Requirements*

*September 2003*

If your child-care home was licensed or registered before September 1, 2003, you are exempt from the requirements in §747.4101 of this title (relating to How many square feet of outdoor activity space must I have?) until your permit to operate is no longer valid.

## §747.4105. Must I fence the outdoor activity space area?

*Subchapter T, Physical Facilities*

*Division 2, Outdoor Space Requirements*

*September 2003*

You must enclose your outdoor activity space area with a fence at least four feet high, unless the only children using the outdoor area are five years old and older. The wall of a building may serve as part of the enclosure, provided it is at least four feet tall. [Medium-High]

### Technical Assistance

Enclosed outdoor areas keep pre-kindergarten age and younger children in a controlled area for their safety and ease of supervision.

## §747.4109. How many exits must I have from my fenced outdoor activity space area?

*Subchapter T, Physical Facilities*

*Division 2, Outdoor Space Requirements*

*September 2003*

Each fenced yard must have at least two exits. An entrance to your child-care home may count as one exit, but one exit must be away from the child-care home. [Medium]

## §747.4111. May I keep the gates leading into my outdoor activity area locked while children are in care?

*Subchapter T, Physical Facilities*

*Division 2, Outdoor Space Requirements*

*September 2003*

Yes, but caregivers must be able to open the gates immediately in an emergency. For example, all caregivers would carry a key with them to open the locked exits. Caregivers must be able to demonstrate to Licensing staff that they can open the gate immediately. [Medium-High]

## §747.4113. Must the outdoor activity space area be connected to the child-care home?

*Subchapter T, Physical Facilities*

*Division 2, Outdoor Space Requirements*

*April 2017*

We must approve a plan to use an outdoor activity space area that is not connected to your child-care home, such as a near-by park, schoolyard, or other alternative. All outdoor activity areas used by children must be accessible from the home by a safe route. We will consider the following criteria before approving the plan:

- (1) Traffic patterns of vehicles and people in the area [Medium];
- (2) Ages of children in your care [Medium];
- (3) Availability of appropriate equipment [Medium];
- (4) Usage of the location by other groups when the children would be most likely to use it [Medium];
- (5) Neighborhood circumstances, hazards, and risks, including the crime rate for the area [Medium];
- (6) Accessibility to children and caregivers by foot or the availability of push carts or other means of transporting infants and toddlers [Medium];
- (7) Reasonable accessibility of restroom facilities [Medium]; and
- (8) Ability to obtain assistance, if needed, when injury or illness occurs. [Medium]



§747.4115. Must I comply with additional requirements if my plan to use an outdoor activity area not connected to my child-care home is approved by Licensing?

*Subchapter T, Physical Facilities*

*Division 2, Outdoor Space Requirements*

*September 2003*

Yes. If we approve an outdoor activity area not connected to your child-care home, you must:

- (1) Give parents written notification of the location of the outdoor activity area, upon **children's** enrollment [Medium];
- (2) Supervise children both during play and while traveling to and from the activity area [Medium-High]; and
- (3) Meet other conditions we specify, if applicable. [Medium]

§747.4117. May other programs use the outdoor activity space at my child-care home at the same time I have children in care?

*Subchapter T, Physical Facilities*

*Division 2, Outdoor Space Requirements*

*September 2003*

No. You must not share the outdoor activity space at your child-care home with other programs at the same time children are in care. [Medium]

## Division 3, Toilets and Sinks

### §747.4201. How many sinks and toilets must I have for children's use?

*Subchapter T, Physical Facilities*

*Division 3, Toilets and Sinks*

*September 2003*

You must have at least one sink and one flush toilet available for children's use. A urinal may not substitute for a toilet. [Medium-High]

### §747.4203. Where must the sink and toilet be located for children's use?

*Subchapter T, Physical Facilities*

*Division 3, Toilets and Sinks*

*April 2017*

- (a) Sinks and toilets must be located inside the child-care home and allow supervision by caregivers as needed. [Medium]
- (b) Children must be able to safely and independently access the toilet. [Medium]
- (c) Children must be able to safely and independently access the sink for hand washing. [Medium]

#### Technical Assistance

- For further information on hand washing, please see §747. 3215 of this title (relating to How must children and caregivers wash their hands?).
- The Centers for Disease Control (CDC) affirms that hand washing is the number one way to control the spread of disease and germs in the child-care setting. Caregivers are less likely to wash hands before and after each diaper change if the sink is not accessible in the room. Infants are more likely to be left unsupervised if the caregiver must leave the room to wash her hands.

## §747.4205. Must I supply soap and disposable towels for **children's use?**

*Subchapter T, Physical Facilities*

*Division 3, Toilets and Sinks*

*September 2003*

You must equip sinks children use for hand washing with soap and running water. Single-use **disposable towels or an individual towel labeled with the child's name** may be provided for children to dry their hands. [Medium]

## §747.4207. May potty-chairs be used?

*Subchapter T, Physical Facilities*

*Division 3, Toilets and Sinks*

*September 2003*

Yes. You may use potty-chairs, but a potty chair is not a substitute for a flush toilet required under **§747.4201 of this title (relating to How many sinks and toilets must I have for children's use?)**. [Medium]

## §747.4209. Do I have to use toilets and sinks that are sized for children?

*Subchapter T, Physical Facilities*

*Division 3, Toilets and Sinks*

*September 2003*

No, but you must equip a sink, urinal, or toilet that is too high for children to use safely and independently with anchored steps or a broad-based platform with a non-slip surface. [Medium]

## §747.4211. May the doors to the restrooms have locks on them?

*Subchapter T, Physical Facilities*

*Division 3, Toilets and Sinks*

*September 2003*

Yes. Doors on restrooms and toilets used by children may have locks, although:

- (1) **Locks must be out of children’s reach** [Medium]; or
- (2) **If locks are within children’s reach, there must be a way to immediately open the door from the outside in an emergency, and:**
  - (A) The unlocking mechanism must be accessible to all caregivers at all times and must be demonstrated satisfactorily to Licensing staff upon request [Medium-High]; and
  - (B) A caregiver must be present in or near the restroom when children younger than five years are using restrooms **with door locks within children’s** reach. [Medium-High]

Technical Assistance
Caregivers need immediate access to young children to assist with toileting or to provide supervision, while older children may need privacy.

## Division 4, Furniture and Equipment

§747.4301. Must I use child-sized tables and chairs for children?

*Subchapter T, Physical Facilities*

*Division 4, Furniture and Equipment*

*April 2017*

- (a) No, but you must ensure that any table or chair used by a child is safe, easy to clean, and of a height and size that the child can use it safely and easily. [Medium]
- (b) If the manufacturer requires safety straps on a chair, then the safety straps must be fastened whenever a child is using the chair. [Medium]

§747.4303. Must I provide a cot or mat for each child to sleep or rest on?

*Subchapter T, Physical Facilities*

*Division 4, Furniture and Equipment*

*April 2017*

- (a) Yes. You must provide or have the parent provide an individual cot, bed, or mat that is waterproof or washable for each walking child through four years to sleep or rest on. [Medium]
- (b) Cots, beds, or mats must be labeled with the child's name. As an alternative, you may label cots, beds, or mats with a number and have a number/child assignment map available. [Medium]
- (c) Floor mats used for napping must be marked or colored so that the sleeping side can be distinguished from the floor side. [Medium]

Technical Assistance
Marking mats helps to ensure the sleeping side is always used for sleeping and protects the health of children.

## §747.4305. Must I have storage for each child’s individual belongings?

*Subchapter T, Physical Facilities*

*Division 4, Furniture and Equipment*

*April 2017*

Yes. You must have individual lockers, cubicles, baskets, separate hooks and shelves, or other adequate storage space for each child’s personal belongings. You must clearly label the storage space with the child’s name, a photograph of the child, or other symbol the child recognizes.

[Medium]

### Technical Assistance

Labeling individual storage space for children teaches them independence, develops self- help skills, and ensures parents and children know which space holds the child’s belongings.

## §747.4307. Must I have a telephone at my child-care home?

*Subchapter T, Physical Facilities*

*Division 4, Furniture and Equipment*

*March 2023*

- (a) You must have a working telephone or cellular phone at your child-care home [Medium-High].
- (b) If your telephone is a landline, the telephone number must be listed [Medium-Low].
- (c) If you use cellular phone service at your home, you must ensure all caregivers and adult household members know the address of the home to direct emergency personnel to the home when dialing 911 from the home [Medium].
- (d) You must post your phone number as required by §747.403 of this chapter (relating to What telephone numbers must I post and where must I post them?) and update the posting any time your phone number changes [Medium].

### Technical Assistance

- If you call 911 from a cellular phone you should remember the following:

## Technical Assistance

- Tell the emergency operator the location of the emergency right away.
- Give the emergency operator your cellular phone number so that, if the call gets disconnected, the operator can call you back.
- **If your cellular phone is not “initialized” (meaning you do not have a contract for service with a wireless service provider), and your emergency call gets disconnected, you must call the emergency operator back because the operator does not have your telephone number and cannot contact you.**

## §747.4309. May I have indoor lofts?

*Subchapter T, Physical Facilities*

*Division 4, Furniture and Equipment*

*April 2017*

(a) You may have an indoor loft that is designed and used as an extension of the learning area, if you comply with the following safety standards [Medium]:

- (1) Caregivers must be able to adequately supervise children at all times [Medium-High];
- (2) Stairs and steps, regardless of height, must have handrails the children can reach. Rung ladders do not require handrails [Medium-High];
- (3) Platforms over 20 inches in height must be equipped with protective barriers that prevent children from crawling over or falling through the barrier, or becoming entrapped [Medium-High]; and
- (4) Section 747.4015 of this title (relating to May I care for children above or below ground level?). [Low]

(b) If lofts are used as indoor active play space or equipment they must comply with the requirements specified in Subchapter U of this chapter (relating to Indoor and Outdoor Active Play Space and Equipment). [Medium-High]

## Technical Assistance

Lofts used as an extension of the learning area are set up and used by children as an interest area such as a reading corner or listening station.

# Subchapter U, Indoor and Outdoor Active Play Space and Equipment

## Division 1, Minimum Safety Requirements

§747.4401. What minimum safety requirements must my active play equipment meet?

*Subchapter U, Indoor and Outdoor Active Play Space and Equipment*

*Division 1, Minimum Safety Requirements*

*April 2017*

Indoor and outdoor active play equipment used both at and away from the child-care home must be safe for the children as follows:

- (1) The indoor and outdoor active play equipment must be arranged so that caregivers can adequately supervise children at all times [High];
- (2) The design, scale, and location of the equipment must be used according to the manufacturer's instructions [Medium-High];
- (3) **Equipment must not have openings or angles that can entrap a child's body or body part that has penetrated the opening [High];**
- (4) Equipment must not have protrusions or openings that can entangle something around a **child's neck or a child's clothing [High];**
- (5) **Equipment must be securely anchored according to manufacturer's specifications to prevent collapsing, tipping, sliding, moving, or overturning [High];**
- (6) All anchoring devices must be placed below the level of the playing surface to prevent tripping or injury resulting from a fall [High];
- (7) Equipment must not have exposed pinch, crush, or shear points on or underneath it [High];



(8) Climbing equipment, swings, or inflatables must not be installed over asphalt or concrete, unless the asphalt or concrete is covered with properly installed unitary surfacing material as specified in §747.4707 of this title (relating to What are unitary surfacing materials?) and §747.4709 of this title (relating to How should unitary surfacing materials be installed?) [High];

(9) Porches or platforms more than 20 inches in height for pre-kindergarten and younger children, and more than 30 inches in height for school-age children, must be equipped with protective barriers that surround the elevated surface, except for entrances and exits and that prevent children from crawling over or falling through the barrier, or becoming entrapped [High]; and

(10) Stairs and steps on climbing equipment, regardless of height, must have handrails the children can reach. Rung ladders do not require handrails. [High]

#### Technical Assistance

- Head entrapment by head-first entry generally occurs when children place their heads through an opening in one orientation, turn their heads to a different orientation, then are unable to withdraw from the opening.
- Head entrapment by feet-first entry involves children who generally sit or lie down and slide their feet into an opening that is large enough to permit passage of their bodies – **greater than 3 ½”** – but is not large enough to permit passage of their heads – **less than 9”**
- Regarding paragraph (9), the [CPSC Outdoor Home Playground Safety Handbook](#) has additional information regarding platforms.

## §747.4403. Are there some types of equipment that children must not use?

*Subchapter U, Indoor and Outdoor Active Play Space and Equipment*

*Division 1, Minimum Safety Requirements*

*December 2010*

Yes. Children must not use the following types of equipment at or away from the child-care home:

(1) Heavy swings made of metal or that have metal components, such as animal figure swings [Medium-High];

- (2) Equipment that allows children to fall inside the structure and onto other parts of the structure, such as certain styles of monkey bars or jungle gyms [High];
- (3) Trampolines, except those less than four feet in diameter that are no higher than 12 inches above a properly installed and maintained resilient surface [High];
- (4) Swinging exercise rings and trapeze bars on long chains or free swinging ropes [Medium-High];
- (5) Multiple occupancy swings, such as teeter-totters, gliders, or chair swings [Medium-High];  
or
- (6) Swinging gates and giant strides. [Medium-High]

Technical Assistance
For more information on swings, see Division 2 of this subchapter.

## §747.4405. Are there additional equipment restrictions for children younger than five years of age?

*Subchapter U, Indoor and Outdoor Active Play Space and Equipment*

*Division 1, Minimum Safety Requirements*

*December 2010*

- (a) Yes. Children younger than five years of age must not be allowed to use the following pieces of equipment at or away from the child-care home:
  - (1) Free standing arch climbers [Medium-High];
  - (2) Free standing climbing pieces with flexible parts [Medium-High];
  - (3) Fulcrum seesaws [Medium-High];
  - (4) Log rolls [Medium-High];
  - (5) Spiral slides with more than one 360 degree turn [Medium-High];
  - (6) Track rides [Medium-High]
- (b) In addition, children younger than four years of age must not be allowed to use the following pieces of equipment at or away from the child-care home:
  - (1) Chain or cable walks [Medium-High];
  - (2) Horizontal ladders [Medium-High];

- (3) Vertical slide poles [Medium-High];
- (4) Over-head rings [Medium-High]; or
- (5) Parallel bars. [Medium-High]

#### Technical Assistance

- Swinging gates have a metal post with vertical bars. Children place their feet between the bars and push the gate as they pivot around the post. Children can create a great deal of speed while playing and can be thrown from this piece of equipment resulting in serious injury.
- Children ages 2 through 5 years have not developed the upper body strength, balance, postural control, and coordination required to successfully and safely play on equipment such as free standing arch climbers and track rides.
- Using a seesaw requires cooperation between children. Seesaws are generally not recommended for preschoolers unless they include a spring-centering device to prevent sudden contact with the ground. Fulcrum seesaws do not include this safety feature and as a result present a greater risk of injury to a child under five.

## §747.4407. What special maintenance procedures must I follow for my active play space and equipment?

*Subchapter U, Indoor and Outdoor Active Play Space and Equipment*

*Division 1, Minimum Safety Requirements*

*April 2017*

- (a) You or someone you designate must inspect the indoor and outdoor active play space and equipment daily before children go out to play to ensure there are no hazards present. [Medium-High]
- (b) You must ensure hazards or defects identified during the daily inspections are repaired promptly, and must arrange for protection of the children, or you must prohibit use of the hazardous equipment, until repairs can be made. [Medium-High]

#### Technical Assistance

Studies have linked inadequate maintenance of outdoor equipment to injuries on playgrounds. Consider the age and type of equipment, climate, number of children and how they use the equipment, and number and type of persons outside operating hours who access the equipment.

## Division 2, Swings

### §747.4501. What are the safety requirements for swings?

*Subchapter U, Indoor and Outdoor Active Play Space and Equipment*

*Division 2, Swings*

*September 2003*

- (a) All swing seats must be constructed of durable, lightweight, rubber or plastic material. [Medium-High]
- (b) Edges of all swing seats must be smooth or rounded and have no protrusions. [Medium-High]
- (c) Swings must not be attached to a composite play structure, unless they are on a swing set designed for residential use. [Medium-High]

#### Technical Assistance

A composite play structure refers to playscapes or structures containing equipment for a variety of activities, such as slides, climbing apparatus, bridges, and platforms.

### §747.4503. Are there additional safety requirements for bucket swings designed for tots?

*Subchapter U, Indoor and Outdoor Active Play Space and Equipment*

*Division 2, Swings*

*September 2003*

Yes. Bucket swings are intended for use by children under four years of age with an adult present to lift and secure the child into the swing. Therefore, the distance between the surface under the swing and the bottom of a bucket swing must be at least 24 inches. This will minimize the likelihood of unsupervised young children climbing into the swing. [Medium-High]

## Technical Assistance

- Full bucket seats are recommended to provide support on all sides of a child and between his legs.
- The bucket seat materials should not present a strangulation hazard, such as having a rope or chain used as part of the seat.

## §747.4505. Are there additional safety requirements for tire swings (multi-axis swings)?

*Subchapter U, Indoor and Outdoor Active Play Space and Equipment*

*Division 2, Swings*

*September 2003*

Yes. Tire swings must also:

- (1) Not be made from heavy truck tires, or tires with exposed steel-belted radials [Medium-High];
- (2) Not be suspended from a composite structure or with other swings in the same bay [Medium-High];
- (3) Have drainage holes drilled in the underside of the tire and maintained to facilitate water drainage [Medium-High]; and
- (4) Have a minimum clearance between the seating surface of a tire swing, and the uprights of the supporting structure must be 30 inches or more when the tire is in a position closest to the support structure. [Medium-High]

## Division 3, Playground Use Zones

### §747.4601. What does Licensing mean by the term “use zone”?

*Subchapter U, Indoor and Outdoor Active Play Space and Equipment*

*Division 3, Playground Use Zones*

*September 2003*

The use zone is the surface area under and around a piece of equipment onto which a child falling from or exiting from the equipment would be expected to land. Other than the equipment itself, the use zone must be free of obstacles that a child could run into or fall on top of and be injured.

[Medium-Low]

### §747.4603. How do I measure the use zone for stationary equipment?

*Subchapter U, Indoor and Outdoor Active Play Space and Equipment*

*Division 3, Playground Use Zones*

*September 2003*

The use zone for stationary equipment, excluding slides, must extend a minimum of six feet in all directions from the perimeter of the equipment. Use zones for stationary equipment must not overlap other use zones. [Medium]

### §747.4605. How do I measure the use zone for slides?

*Subchapter U, Indoor and Outdoor Active Play Space and Equipment*

*Division 3, Playground Use Zones*

*December 2010*

- (a) The use zone in front of the access and to the sides of a slide must extend a minimum of six feet from the perimeter of the equipment. [Medium-High]
- (b) For slides six feet high or less, the use zone in front of the exit of a slide must extend at least six feet. [Medium-High]

- (c) For slides greater than six feet high, the use zone in front of the exit of a slide must be equal to the distance from the slide platform to the protective surfacing up to a maximum of eight feet. [Medium-High]
- (d) The use zone in front of the slide exit must not overlap the use zone of any other equipment. [Medium-High]

## §747.4607. How do I measure the use zone for to-fro swings?

*Subchapter U, Indoor and Outdoor Active Play Space and Equipment*

*Division 3, Playground Use Zones*

*September 2003*

- (a) The use zone to the front and rear of a to-fro swing (single-axis swing) must extend twice the height of the vertical distance from the swing beam to the surface below. [Medium-High]
- (b) The use zone to the front and rear of the to-fro swing must not overlap any other use zone. [Medium-High]
- (c) The use zone around the sides of the to-fro swing structure (frame which supports the swings) must be at least six feet and may overlap the use zone of an adjacent swing structure. [Medium-High]

## §747.4609 How do I measure the use zone for tire swings?

*Subchapter U, Indoor and Outdoor Active Play Space and Equipment*

*Division 3, Playground Use Zones*

*September 2003*

- (a) The use zone for tire swings or other multi-axis swings must extend in all directions for a distance equal to a distance from the swing beam to the top of the sitting surface of the tire, plus six feet. [Medium-High]
- (b) The use zone specified in subsection (a) of this section must not overlap any other use zone. [Medium-High]
- (c) The use zone on the sides of the tire swing structure must be at least six feet, and may overlap the use zone on the sides of an adjacent swing support structure. [Medium-High]

## §747.4611. How do I measure the use zone for bucket swings?

*Subchapter U, Indoor and Outdoor Active Play Space and Equipment*

*Division 3, Playground Use Zones*

*September 2003*

- (a) The use zone to the front and rear of the bucket swing for tots must be at least two times the vertical distance from the swing beam to the top of the swing-sitting surface. [Medium-High]
- (b) The use zone specified in subsection (a) of this section must not overlap any other use zone. [Medium-High]
- (c) The use zone on the sides of the bucket swing structure must be at least six feet and may overlap the use zone on the sides of an adjacent swing support structure. [Medium-High]

## §747.4613. How do I measure the use zone for rotating or rocking equipment?

*Subchapter U, Indoor and Outdoor Active Play Space and Equipment*

*Division 3, Playground Use Zones*

*September 2003*

- (a) The use zone for rotating or rocking equipment on which the child sits must be at least six feet from the perimeter when not in use. [Medium-High]
- (b) The use zone for rotating or rocking equipment or track rides on which the child stands or rides must be at least seven feet from the perimeter of the equipment when not in use. [Medium-High]
- (c) The use zone for rocking or rotating equipment must not overlap any other use zone. [Medium-High]



## §747.4615. Do these use zone requirements apply to my child-care home if it was registered or licensed before September 1, 2003?

*Subchapter U, Indoor and Outdoor Active Play Space and Equipment*

*Division 3, Playground Use Zones*

*September 2003*

(a) If your child-care home was registered or licensed before September 1, 2003, you must at least maintain the following use zones until you meet one of the conditions specified in subsection (b) of this section [Low]:

(1) Four feet from climbing structures [Medium-Low];

(2) Five feet from the bottom of a slide. The other parts of the slide are considered a climbing structure [Medium-Low];

(3) **Seven feet plus the length of a swing's chain from the point of suspension** [Medium-Low]; and

(4) Seven feet from a merry-go-round or other revolving devices. [Medium-Low]

(b) A child-care home registered or licensed before September 1, 2003, must comply with the use zone requirements specified in this division, under the following circumstances:

(1) A child-care home re-designs the existing playground or adds new playground equipment. The permit holder must meet use zone requirements specified in this division as the changes are made. You must submit a written plan for compliance to us upon request. [Medium-Low]

(2) Your permit to operate is no longer valid. [Medium-Low]

## Division 4, Playground Surfacing

### §747.4707. What are unitary surfacing materials?

*Subchapter U, Indoor and Outdoor Active Play Space and Equipment*

*Division 4, Playground Surfacing*

*September 2003*

Unitary surfacing materials are manufactured materials including rubber tiles, mats, or poured in place materials cured to form a unitary shock-absorbing surface. [Medium]

#### Technical Assistance

- Studies have shown that falls to the surface are the leading cause of playground injuries in children. Shock-absorbing surfaces can help disperse the momentum of a falling body or head, thus reducing the risk of life threatening injuries.
- Equipment heights can double the probability of a child getting injured from a fall. Equipment over 8 feet has close to three times the injury rate of equipment under that height. Considering the ceiling height in the average home is eight to ten feet, a four-foot child falling from a platform more than eight feet high is the equivalent of a child falling from a second-story window.

### §747.4709. How should unitary surfacing materials be installed?

*Subchapter U, Indoor and Outdoor Active Play Space and Equipment*

*Division 4, Playground Surfacing*

*September 2003*

- (a) If you use unitary materials, they must be installed and maintained **according to manufacturer's** specifications. [Medium-High]
- (b) Unitary materials may be installed over concrete or asphalt, only if recommended by the manufacturer. [Medium]

## §747.4711. What documentation must I keep at my child-care home if I use unitary surfacing materials?

*Subchapter U, Indoor and Outdoor Active Play Space and Equipment*

*Division 4, Playground Surfacing*

*September 2003*

If you use unitary surfacing materials, you must have test data from the manufacturer showing the impact rating of the material (the maximum height of equipment that may be installed over the surfacing material), and installation and maintenance requirements. This documentation must be at your child-care home and made available for review by parents and Licensing staff upon request during hours of operation. [Medium-High]

## Division 5, Inflatables

### §747.4751. May I use inflatable active play equipment?

*Subchapter U, Indoor and Outdoor Active Play Space and Equipment*

*Division 5, Inflatables*

*April 2017*

You may use inflatable equipment both at and away from your child-care home if you follow these guidelines:

- (1) You use enclosed inflatables (such as bounce houses or moon bounces/walks) according to the manufacturer's instructions [Medium-High];
- (2) You use open inflatables (such as obstacle courses, slides, or games) according to the manufacturer's label and instructions for the user [Medium-High]; and
- (3) Inflatables that include water activity also comply with all applicable requirements in Subchapter V of this chapter (relating to Swimming Pools, Wading/Splashing Pools, and Sprinkler Play). [Medium-High]

## Subchapter V, Swimming Pools, Wading/Splashing Pools, and Sprinkler Play

### §747.4801. What safety precautions must I follow when children in my care use a swimming pool?

*Subchapter V, Swimming Pools, Wading/Splashing Pools, and Sprinkler Play*

*September 2003*

In addition to complying with the child/caregiver ratios specified in §747.2005 of this title (relating to What are the child/caregiver ratios for swimming activities?) and other safety requirements specified in §747.2009 and §747.2013 of this title (relating to Must I have a certified lifeguard on duty when children are swimming in more than two feet of water? and Must persons who are counted in the child/caregiver ratio during swimming know how to swim?), you must comply with the following safety precautions when any child uses a swimming pool (more than two feet of water) both at and away from your child-care home:

- (1) A minimum of two life-saving devices must be available [High];
- (2) One additional life-saving device must be available for each 2,000 square feet of water surface [High];
- (3) Drain grates must be in place, in good repair, and must not be able to be removed without using tools [High];
- (4) Pool chemicals and pumps must be inaccessible to any child [High];
- (5) Machinery rooms must be locked when a child is present [High];
- (6) Caregivers must be able to clearly see all parts of the swimming area [High];
- (7) The bottom of the pool must be visible at all times [High]; and
- (8) An adult must be present who is able to immediately turn off the pump and filtering system when a child is in a pool. [High]

## Technical Assistance

- Regarding paragraph (1), some examples of life-saving devices include U.S. Coast Guard **approved life jackets, ring buoys, rescue tubes, and reaching poles or shepherd’s hooks.**
- It is best practice to pre-identify all children who cannot swim and ensure that they are wearing U.S. Coast Guard approved life jackets upon arrival to swimming facilities. Children should remain in these jackets until they have been swim tested. Ensuring that the pre-identified non-swimmers wear the appropriate and properly fitted U.S. Coast Guard approved life jackets before entering the swimming pool area adds an additional layer of protection for non-swimmers.
- As a reminder, life jackets do not make a child drown proof and are not a substitute for supervision.
- Regarding paragraph (6) and (7), all caregivers should provide constant visual supervision of children and remain undistracted and within arm’s reach while watching children in and around water. Adults can wear physical reminders that they are responsible for supervising children who are swimming and while there is access to water.
- Regarding paragraph (8), the power of suction of a pool drain often requires that the pump be turned off before a child can be removed, therefore immediate unobstructed access is necessary.

### §747.4803. How should the swimming pool be maintained?

*Subchapter V, Swimming Pools, Wading/Splashing Pools, and Sprinkler Play*

*April 2017*

Swimming pools at the child-care home must be maintained according to the standards of the Texas Department of State Health Services for public pools, and any other state or local regulations. [High]

### §747.4805. Do the same safety precautions apply for above-ground pools?

*Subchapter V, Swimming Pools, Wading/Splashing Pools, and Sprinkler Play*

*September 2003*

Yes. Above-ground pools must meet all pool safety requirements specified in this subchapter and **must have a barrier that prevents a child’s** access to the pool. [High]

## §747.4807. Must I have a fence around a swimming pool at my child-care home?

*Subchapter V, Swimming Pools, Wading/Splashing Pools, and Sprinkler Play*

*April 2017*

- (a) You must prevent children from entering the pool area by a wall, fence, or other durable impenetrable barrier at least four feet high. [High]
- (b) Fence gates leading to the pool area must have self-closing and self-latching **hardware out of children's reach. Gates must be locked when the pool is not in use.** [High]
- (c) Doors from the child-care home leading to the pool area must have a lock out of **children's reach that can only be opened by an adult.** [High]
- (d) These doors and gates must not be designated as fire and emergency evacuation exits. [High]

### Technical Assistance

- **The installation of multiple barriers around swimming pools helps to restrict a child's** unsupervised access to water.
- The American Academy of Pediatrics recognizes an effective barrier as one that prevents a child from getting over, under, or through it and keeps the children from gaining access to the pool or body of water.
- **Colin's Hope, a water safety advocacy group, recommends that pools** have 4-sided isolation fencing at least six feet in height, with self-closing and self-latching gates. Isolation fencing completely surrounds a pool, isolating it from the home, yard, and adjacent properties. Isolation fencing does not use the home as a barrier.
- All outdoor areas must be free of furniture and equipment that a child could use to scale a fence or barrier or to release a lock. Block access to swimming pools and remove any materials and furniture that can be moved by children and used to climb over barriers or open gates.
- Pool Safety ([Pool Safety for Residential Pool and Spa Owners](#)) and the International Association for Certified Home Inspectors ([Safety Guidelines for Home Pools](#)) provide additional information about the basics of residential pool safety.
- Remember, nothing substitutes for constant visual supervision by an adult. However, securing every pool with a proper barrier offers an additional layer of protection.

## §747.4809. Does having a fence affect my duty to supervise children's access to the pool?

*Subchapter V, Swimming Pools, Wading/Splashing Pools, and Sprinkler Play*  
*April 2017*

No. Although a fence and locked access provides a layer of protection for a child who strays from supervision and may deter some children from entering the pool area, these do not replace the need to supervise children at all times and monitoring of safety features to protect children from unsupervised access to the pool.

### Technical Assistance

The Centers for Disease Control-National Center for Injury Prevention and Control recommends that whenever young children are swimming, playing, or bathing in water, an adult should be watching them constantly, and should not read, play cards, talk on the telephone, mow the lawn, or do any other distracting activity while watching children in or near a body of water. Child drowning is a silent death; splashing may not occur to alert someone that the child is in trouble.

## §747.4813. What are the safety requirements for wading pools?

*Subchapter V, Swimming Pools, Wading/Splashing Pools, and Sprinkler Play*  
*September 2003*

- (a) Wading/splashing pools (two feet of water or less) used at your child-care home must be:
- (1) **Stored out children's reach when not in use** [Medium-High];
  - (2) Drained and sanitized at least daily [High]; and
  - (3) Stored so they cannot hold water. [High]
- (b) You must comply with the safety precautions specified in §747.4801 of this title (relating to What safety precautions must I follow when children in my care use a swimming pool?) when using wading/splashing pools away from your child-care home. [Medium-High]



#### Technical Assistance

- Wading/splashing pools with no filtering system are meant to be drained, sanitized, and stored out of **children’s reach after each use**.
- Water play is a great way to introduce water safety habits to young children. Talk about the **dangers of water and introduce rules like “Wait for a grown-up” and “Wear a life jacket”**. Learn more about water safety at <https://www.colinshope.org>.

## §747.4815. Are there specific safety requirements for sprinkler play?

*Subchapter V, Swimming Pools, Wading/Splashing Pools, and Sprinkler Play*  
*April 2017*

- (a) You must ensure that no child uses sprinkler equipment on or near a hard, slippery surface, such as a concrete driveway, sidewalk, or patio. [High]
- (b) You must not leave a child alone with the sprinkler equipment. [High]
- (c) You must store sprinkler equipment and water hoses out of the reach of children when not in use. [Medium-High]
- (d) You must maintain your splash pad/sprinkler play area according to manufacturer's instructions. [Medium-High]

## §747.4817. Can children in my care swim in a body of water other than a swimming pool, such as a lake, pond, or river?

*Subchapter V, Swimming Pools, Wading/Splashing Pools, and Sprinkler Play*  
*July 2005*

No, you must not allow children to swim in a lake, pond, river, or a body of water other than a swimming pool or wading pool that complies with the rules specified in this subchapter. [High]

#### Technical Assistance

- Check all premises for unexpected sources of water, including large drainage areas, unfenced ponds, retention ponds, etc. Know what is around a facility, within site and within walking distance.

## Technical Assistance

- Monitor all exit and entry points to bodies of water. Block direct access to any body of water and remove any materials and furniture that can be moved by children and used to climb over barriers or open gates.

## Subchapter W, Fire Safety and Emergency Practices

### Division 1, Fire Inspection

§747.4901. Must I have a fire inspection of my child-care home?

*Subchapter W, Fire Safety and Emergency Practices*

*Division 1, Fire Inspection*

*September 2003*

We do not regulate fire inspections and do not require that you have a fire inspection as part of these minimum standards; however your local ordinances may require one. If you want to care for children above or below the ground floor of your child-care home, you must obtain written approval from the state or local fire marshal as specified in §747.4015 of this title (relating to May I care for children above or below ground level?).

### Division 2, Emergency Preparedness

§747.5001. What is an emergency preparedness plan?

*Subchapter W, Fire Safety and Emergency Practices*

*Division 2, Emergency Preparedness*

*September 2016*

An emergency preparedness plan is designed to ensure the safety of children during an emergency by addressing staff responsibility **and your home's readiness with respect to emergency** evacuation, relocation, and sheltering/lock-down. The plan addresses the types of responses to emergencies most likely to occur in your area including:

- (1) An evacuation of your home to a designated safe area in an emergency such as a fire or gas leak;
- (2) A relocation of the children and caregivers to a designated, alternate shelter in an emergency such as a flood, a hurricane, medical emergency, or communicable disease outbreak; and

- (3) The sheltering and lock-down of children and caregivers within your home to temporarily protect them from situations such as a tornado, volatile person on the premises, or an endangering person in the area.

#### Technical Assistance

You may want to check with your local fire and health departments when creating your emergency preparedness plan since they may have resources and guidelines that you may include in your plan.

## §747.5003. What must my emergency preparedness plan include?

*Subchapter W, Fire Safety and Emergency Practices*

*Division 2, Emergency Preparedness*

*September 2016*

Your emergency preparedness plan must include written procedures for:

- (1) Evacuation, relocation, and sheltering/lock-down of children, including:
- (A) Your first responsibility in an emergency evacuation or relocation is to move the children to a designated safe area or alternate shelter known to all household members, caregivers, parents, and volunteers [Medium-High];
  - (B) How children will be evacuated or relocated to the designated safe area or alternate shelter, including specific procedures for evacuating or relocating children who are under 24 months of age, who have limited mobility, or who otherwise may need assistance in an emergency, such as children who have mental, visual, or hearing impairments [Medium-High];
  - (C) An emergency evacuation and relocation diagram as outlined in §747.5007 of this title (relating to Must I have an emergency evacuation and relocation diagram?) [Medium-High];
  - (D) The caregivers' responsibility in a sheltering/lock-down emergency for the orderly movement of children to a designated location in your home where children should gather [Medium-High];
  - (E) Name and address of the alternate shelter away from the home you will use as needed [Medium-High]; and

(F) How children in attendance at the time of the emergency will be accounted for at the designated safe area or alternate shelter [Medium-High];

(2) Communication, including:

(A) The emergency telephone number that is on file with us [Medium-High]; and

(B) How you will communicate with local authorities (such as fire, law enforcement, emergency medical services, health department), parents, and us [Medium-High];

(3) How you will evacuate and relocate with the essential documentation including:

(A) Parent and emergency contact telephone numbers for each child in care [Medium-High];

(B) Authorization for emergency care for each child in care [Medium-High]; and

(C) The attendance record information for children in care at the time of the emergency [Medium-High];

(4) How you will continue to care for the children until each child has been released [Medium-High];

(5) How you will reunify the children with their parents as the evacuation, relocation, or sheltering/lock-down is lifted. [Medium-High]

#### Technical Assistance

- Keep in mind that children may become anxious or excited during an emergency so it is important that caregivers remain calm.
- According to the American Academy of Pediatrics, a thorough and safe evacuation plan includes a designated location that allows the children to get at least 50 feet away from the home, does not require the children or caregivers to cross the street, and provides shelter if the children cannot return to the home.

## §747.5005. Must I practice my emergency preparedness plan?

*Subchapter W, Fire Safety and Emergency Practices*

*Division 2, Emergency Preparedness*

*September 2016*

**Yes, the following components of your home’s emergency preparedness plan must be practiced as specified below:**

- (1) You must practice a fire drill every month. The children must be able to safely exit the child-care home within three minutes [Medium-High]; and
- (2) You must practice a sheltering drill for severe weather at least four times in a calendar year [Medium-High]; and
- (3) You must practice a lock-down drill for a volatile or endangering person on the premises or in the area at least four times in a calendar year. [Medium-High]

### Technical Assistance

We recommend that you practice your drills at different times of the day to include children and caregivers engaged in different activities.

## §747.5007. Must I have an emergency evacuation and relocation diagram? [Medium-High]

*Subchapter W, Fire Safety and Emergency Practices*

*Division 2, Emergency Preparedness*

*September 2003*

Your emergency evacuation and relocation diagram must be on file at your child-care home and must show the following:

- (1) A floor plan of your child-care home [Medium-High];
- (2) Two exit paths from each room, unless a room opens directly to the outdoors at ground level [Medium-High];

- (3) The designated location outside the child-care home where all adults and children meet to ensure everyone has exited the home safely [Medium-High]; and
- (4) The designated location inside the home where all adults and children take shelter from threatening weather. [Medium-High]

## §747.5009. Must I post an emergency evacuation and relocation diagram?

*Subchapter W, Fire Safety and Emergency Practices*

*Division 2, Emergency Preparedness*

*September 2003*

No. You are not required to post an emergency evacuation and relocation diagram, however, if you leave a substitute in charge of your child-care home, a copy of the diagram must be readily accessible to the substitute caregiver. [Medium-High]

## §747.5011. How many exits must my child-care home have?

*Subchapter W, Fire Safety and Emergency Practices*

*Division 2, Emergency Preparedness*

*September 2003*

- (a) Your child-care home must have at least two exits to the outside, located in distant parts of the home. [Medium-High]
- (b) You must be able to immediately open any locked doors used as exits. [High]
- (c) You must not count doors that are blocked as exits. [High]
- (d) An exit through a kitchen or other hazardous area may not be one of the required exits. [Medium-High]

Technical Assistance
Two exits located in different parts of the home are required to ensure an alternative exit exists if fire or other hazards blocks one exit.

## §747.5013. May a window count as one of the designated exits for my child-care home?

*Subchapter W, Fire Safety and Emergency Practices*

*Division 2, Emergency Preparedness*

*April 2017*

You may count a window as an exit for your child-care home if all children in care and caregivers are physically able to get through the window to the ground outside safely and quickly. [Medium-High]

## §747.5015. Must I have emergency lighting in case of an emergency evacuation?

*Subchapter W, Fire Safety and Emergency Practices*

*Division 2, Emergency Preparedness*

*September 2003*

Yes. You must have a battery-powered source of emergency lighting readily accessible in case of electrical failure. [Medium-High]



## **Division 3, Fire Extinguisher and Smoke Detection System**

### §747.5101. Must my child-care home have a fire-extinguishing system?

*Subchapter W, Fire Safety and Emergency Practices*

*Division 3, Fire Extinguisher and Smoke Detection System*

*April 2017*

Yes. Your child-care home must have a fire-extinguishing system. This may be a sprinkler system and/or fire extinguishers. The state or local fire marshal must approve a sprinkler system. [High]

### §747.5103. Am I required to have a fire extinguisher?

*Subchapter W, Fire Safety and Emergency Practices*

*Division 3, Fire Extinguisher and Smoke Detection System*

*April 2017*

Yes, you must have at least one 3A-40BC dry chemical fire extinguisher, or a fire extinguisher approved by a state or local fire marshal. [Medium-High]

### §747.5105. Where must I mount fire extinguishers?

*Subchapter W, Fire Safety and Emergency Practices*

*Division 3, Fire Extinguisher and Smoke Detection System*

*April 2017*

You must mount all fire extinguishers on the wall by a hanger or bracket. The top of all extinguishers must be no higher than five feet above the floor and the bottom at least four inches above the floor or any other surface. If a state or local fire marshal or the manufacturer's instructions has different mounting instructions, you must follow those instructions. All fire extinguishers must be readily available for immediate use by household members and caregivers. [Medium-High]

## Technical Assistance

- The first priority for caregivers is to remove the children from the home safely and quickly. Fighting a fire is secondary to the safe exit of the children and caregivers.
- Mounting the extinguisher ensures easy access for swift use and prevents accidental discharge that may result from tipping or being knocked over.

## §747.5107. How often must I inspect and service fire extinguishers?

*Subchapter W, Fire Safety and Emergency Practices*

*Division 3, Fire Extinguisher and Smoke Detection System*

*April 2017*

(a) You must:

- (1) Inspect all fire extinguishers monthly [Medium-High];
- (2) Record the date of the inspection [Medium-High]; and
- (3) Keep this record at your child-care home. [Medium-High]

(b) You must service fire extinguishers as needed and required by the manufacturer's instructions, or as required by the state or local fire marshal. [Medium-High]

## §747.5109. How often must I inspect my sprinkler system?

*Subchapter W, Fire Safety and Emergency Practices*

*Division 3, Fire Extinguisher and Smoke Detection System*

*April 2017*

If you use a sprinkler system:

- (1) The monitoring company or a state or local fire marshal must test the system at least annually [Medium-High];
- (2) You must document the date of the inspection, and the name and telephone number of the inspector [Medium-High]; and
- (3) You must keep the most recent inspection report at your child-care home. [Medium-High]

## §747.5111. Must my child-care home have a smoke-detection system?

*Subchapter W, Fire Safety and Emergency Practices*

*Division 3, Fire Extinguisher and Smoke Detection System*

*September 2003*

Yes. Your child-care home must have a working smoke-detection system. This may be an electronic alarm and smoke detection system or individual electric or battery-operated smoke detectors located in each room used by children. [High]

## §747.5113. How must smoke detectors be installed at my child-care home?

*Subchapter W, Fire Safety and Emergency Practices*

*Division 3, Fire Extinguisher and Smoke Detection System*

*September 2003*

Smoke detectors must be installed and maintained according to the **manufacturer's instructions, or in compliance with the state or local fire marshal's** instructions. [High]

## §747.5115. How often must the smoke detectors at my child-care home be tested?

*Subchapter W, Fire Safety and Emergency Practices*

*Division 3, Fire Extinguisher and Smoke Detection System*

*April 2017*

You must:

- (1) Test all smoke detectors monthly [High];
- (2) Record the date of the test and date of the installation of new batteries [High]; and
- (3) Keep this record at your child-care home. [High]

## §747.5117. How often must I have an electronic smoke alarm system tested?

*Subchapter W, Fire Safety and Emergency Practices*

*Division 3, Fire Extinguisher and Smoke Detection System*

*April 2017*

If you use an electronic smoke alarm system:

- (1) The monitoring company or state or local fire marshal must test the system at least annually [Medium-High];
- (2) You must document the date of the inspection and the name and telephone number of the inspector [Medium-High]; and
- (3) You must keep the most recent inspection report at your child-care home. [Medium-High]

## **Division 4, Gas and Propane Tanks**

### §747.5201. Must I have my child-care home inspected for gas leaks?

*Subchapter W, Fire Safety and Emergency Practices*

*Division 4, Gas and Propane Tanks*

*September 2003*

We do not require that your home have a gas leak inspection as a part of these minimum standards; however, your local ordinances may require one. [Medium-High]

## Division 5, Heating Devices

§747.5301. What steps must I take to ensure that heating devices used at my child-care home do not present hazards to children?

*Subchapter W, Fire Safety and Emergency Practices*

*Division 5, Heating Devices*

*September 2003*

- (a) Gas appliances must have metal tubing and connections, be in good repair and free from leaks. [High]
- (b) Open flame heaters (heaters where the flame can be easily touched or accessed) are prohibited. [High]
- (c) Space heaters must be enclosed and have the seal of approval of a United States test laboratory, or be approved by the state or local fire marshal. [High]
- (d) You must safeguard floor and wall furnace grates, steam and hot water pipes, and electric space heaters so that children do not have access to them. [High]
- (e) Liquid fuel heaters are prohibited. [High]
- (f) Gas fuel heaters, fireplaces, and wood-burning stoves must be properly vented to the outside. [High]
- (g) If you use a fireplace, wood-burning stove, or space heater, you must install a screen or guard with sufficient strength to prevent children from falling into the fire or against the stove or heater. [High]

### Technical Assistance

- Heating equipment is the second leading cause of ignition in fatal house fires. Heating equipment that is kept in good repair is less likely to cause fires.
- Proper venting of heating equipment can prevent accumulation of carbon monoxide gas inside a home. Carbon monoxide is a colorless, odorless, poisonous gas formed when heating units that burn fuel with a flame do not have a sufficient source of combustion air. Carbon-containing fuel that is not burned completely can cause asphyxiation.

## Division 6, Carbon Monoxide Detection Systems

### §747.5331. Must my child-care home have a carbon monoxide detection system?

*Subchapter W, Fire Safety and Emergency Practices*

*Division 6, Carbon Monoxide Detection Systems*

*January 2004*

A registered or licensed child-care home must be equipped with a working carbon monoxide detection system unless it is located in a school facility that complies:

- (1) With the school facility standards adopted by the commissioner of education under the Education Code, §46.008 [High]; or
- (2) With standards adopted by the board of a local school district that are similar to those described in paragraph (1) of this section. [High]

### §747.5333. What type of carbon monoxide detection system must I install?

*Subchapter W, Fire Safety and Emergency Practices*

*Division 6, Carbon Monoxide Detection Systems*

*January 2004*

You must install:

- (1) Individual electric (plug-in or hardwire) or battery-operated carbon monoxide detectors that meet Underwriters Laboratories Inc. requirements (UL-Listed) [Medium-High]; or
- (2) An electronic carbon monoxide detection system connected to an electronic alarm/smoke detection system that is UL-Listed. [Medium-High]

## §747.5335. How many carbon monoxide detectors must be installed in my child-care home and how must they be installed?

*Subchapter W, Fire Safety and Emergency Practices*

*Division 6, Carbon Monoxide Detection Systems*

*January 2004*

- (a) If you use electric or battery-operated carbon monoxide detectors:
- (1) At least one detector must be installed on every level of each building in the child-care operation [Medium-High]; and
  - (2) The detector(s) must be installed in compliance with the state or local fire marshal's instructions. [Medium-High]
- (b) If you use an electronic carbon monoxide detection system connected to an alarm/smoke detection system, the system must be installed according to the state or local fire marshal's instructions. [Medium-High]

### Technical Assistance

If your state or local fire marshal does not inspect your home or does not have specific **requirements for installation of carbon monoxide detectors, follow the manufacturer's** instructions for proper location and installation of detectors.

## §747.5337 How often must I inspect and service the carbon monoxide detection system?

*Subchapter W, Fire Safety and Emergency Practices*

*Division 6, Carbon Monoxide Detection Systems*

*January 2004*

- (a) If you use electric or battery-operated carbon monoxide detectors, you must:
- (1) Install a new battery in each battery-operated detector at least annually [Medium-High];
  - (2) Test all detectors monthly [Medium-High];
  - (3) Document the date of the test and the date of installation of new batteries [Medium-High]; and

- (4) Keep this documentation at the home for review during hours of operation. [Medium-High]
- (b) If you use an electronic carbon monoxide detection system connected to an alarm/smoke detection system, you must:
- (1) Ensure the system monitoring company or the state or local fire marshal inspects and tests the system at least annually [Medium];
  - (2) Keep the most recent inspection report at the child-care home for review during hours of operation [Medium-High];
  - (3) Ensure the report **includes the date of the inspection and the inspector's name** and telephone number [Medium-High]; and
  - (4) Make any corrections required in the report. [Medium-High]



## Subchapter X, Transportation

### §747.5401. What types of transportation does Licensing regulate?

*Subchapter X, Transportation*

*April 2017*

We regulate all transportation provided by or for the child-care home to children in care, including transportation between the child's home and the school, the child's home and your home, your home and the school, your home or the school and field trip locations, and your home or the school and other drop off locations.

### §747.5403. What type of vehicle may I use to transport children?

*Subchapter X, Transportation*

*December 2010*

(a) We do not regulate the type of vehicle you use to transport children, although we recommend that you check with the Texas Department of Motor Vehicles or refer to the federal motor vehicle safety standards regulating transportation to and from school and your operation.

(b) For the purpose of this chapter, we categorize vehicle types as:

- (1) General purpose vehicle – passenger vehicles as defined in the Texas Transportation Code §545.412, and buses that do not meet the federal motor vehicle safety standards for school buses or multi-function school activity buses (MFSAB);
- (2) Small school bus – school buses and MFSABs that meet federal motor vehicle safety standards for school buses and MFSABs respectively and have a gross vehicle weight rating (GVWR) of 10,000 pounds or less; and
- (3) Large school bus – school buses and MFSABs that meet federal motor vehicle safety standards for school buses and MFSABs respectively and have a GVWR of greater than 10,000 pounds.

(c) All vehicles must be maintained in safe operating condition at all times. [Medium-High]

## §747.5405. What safety precautions must I take when loading and unloading children from the vehicle?

*Subchapter X, Transportation*

*April 2017*

You must take the following precautions when loading and unloading children from any vehicle, including any type of bus:

- (1) You must load and unload children at the curbside of the vehicle or in a protected parking area or driveway [High];
- (2) You must not allow a child to cross a street any time before a child enters or exits a vehicle, unless the child is accompanied by an adult [High];
- (3) You must account for all children exiting the vehicle before leaving the vehicle unattended [High]; and
- (4) You must never leave a child unattended in a vehicle. [High]

## §747.5407. What child passenger safety seat system must I use when I transport children?

*Subchapter X, Transportation*

*March 2023*

- (a) You must use a child passenger safety seat system to restrain a child when transporting the child [Medium-High]. The restraint system:
  - (1) Must meet the federal standards for crash-tested systems as set by the National Highway Traffic Safety Administration [Medium-High]; and
  - (2) Must be properly secured in the vehicle according to manufacturer's instructions [Medium-High].
- (b) You must use child safety seats and child booster seats that have not expired or been damaged or involved in an accident [Medium-High].

(c) You must secure each child in an infant safety seat, rear-facing convertible child safety seat, forward-facing child safety seat, child booster seat, safety vest, harness, or a safety belt, as appropriate to the child's age, height, and weight according to manufacturer's instructions for all vehicles specified in subsection (e) of this section, unless otherwise noted in this subchapter. [Medium-High]

(d) A child 12 years old or younger must not ride in the front seat of a vehicle. [Medium-High]

(e) The following safety restraint devices for a child must be used when the vehicle is on and during all times when the vehicle is in motion :

Figure 26 TAC §747.5407(e)

Weight:	<b>If the child is...</b>	Being transported in this type of vehicle as specified in §747.5403(b) of this title (relating to What type of vehicle may I use to transport <b>children?</b> )...	Then the child must be <b>secured in...</b>
[High]	(1) An infant or toddler through at least 2 years of age	All vehicles	A rear-facing only child safety seat or a convertible child safety seat used rear facing for as long as possible, until the child reaches the highest weight or height allowed by the child safety seat manufacturer
[High]	(2) 2 years of age and older and within the weight and height limit of the rear or forward-facing child safety seat	All vehicles	A rear or forward-facing child safety seat with a harness for as long as possible, until the child reaches the highest weight or height allowed by the child safety seat manufacturer

Weight:	<b>If the child is...</b>	Being transported in this type of vehicle as specified in §747.5403(b) of this title (relating to What type of vehicle may I use to transport <b>children?</b> )...	Then the child must be <b>secured in...</b>
[High]	(3) 4 years of age and within the weight and height limit of the forward-facing child safety seat	(A) General purpose vehicle and small school bus	A forward-facing child safety seat with a harness, a safety vest, or harness according to <b>the manufacturer's instructions</b>
[High]	(3) 4 years of age and within the weight and height limit of the forward-facing child safety seat	(B) Large school bus	A safety restraint system according to the vehicle <b>manufacturer's instruction</b>
[High]	(4) 4 through 7 years of age, has outgrown the weight or height limit of the forward-facing child safety seat, and is less than 4 feet, 9 inches in height; or  4 through 7 years of age, has outgrown the weight or height limit of the forward-facing child safety seat, and is 4 feet, 9 inches in height or taller, but cannot be properly secured by the lap and shoulder portions of the vehicle safety belt	(A) General purpose vehicle	A belt-positioning booster seat, safety vest, or harness according to the <b>manufacturer's instructions</b>

Weight:	<b>If the child is...</b>	Being transported in this type of vehicle as specified in §747.5403(b) of this title (relating to What type of vehicle may I use to transport <b>children?</b> )...	Then the child must be <b>secured in...</b>
[High]	<p>(4) 4 through 7 years of age, has outgrown the weight or height limit of the forward-facing child safety seat, and is less than 4 feet, 9 inches in height; or</p> <p>4 through 7 years of age, has outgrown the weight or height limit of the forward-facing child safety seat, and is 4 feet, 9 inches in height or taller, but cannot be properly secured by the lap and shoulder portions of the vehicle safety belt</p>	(B) Small school bus	A properly fitting safety belt anywhere the child sits in the vehicle

Weight:	<b>If the child is...</b>	Being transported in this type of vehicle as specified in §747.5403(b) of this title (relating to What type of vehicle may I use to transport <b>children?</b> )...	Then the child must be <b>secured in...</b>
[High]	<p>(4) 4 through 7 years of age, has outgrown the weight or height limit of the forward-facing child safety seat, and is less than 4 feet, 9 inches in height; or</p> <p>4 through 7 years of age, has outgrown the weight or height limit of the forward-facing child safety seat, and is 4 feet, 9 inches in height or taller, but cannot be properly secured by the lap and shoulder portions of the vehicle safety belt</p>	(C) Large school bus	A safety restraint system according to the vehicle <b>manufacturer’s instruction</b>
[High]	(5) 4 through 7 years of age, has outgrown the weight or height limit of the forward-facing child safety seat, can be properly secured by the lap and shoulder portions of the vehicle safety belt, and is 4 feet, 9 inches in height or taller	(A) General purpose vehicle and small school bus	A properly fitting safety belt anywhere the child sits in the vehicle

Weight:	<b>If the child is...</b>	Being transported in this type of vehicle as specified in §747.5403(b) of this title (relating to What type of vehicle may I use to transport <b>children?</b> )...	Then the child must be <b>secured in...</b>
[High]	(5) 4 through 7 years of age, has outgrown the weight or height limit of the forward-facing child safety seat, can be properly secured by the lap and shoulder portions of the vehicle safety belt, and is 4 feet, 9 inches in height or taller	(B) Large school bus	A safety restraint system according to the vehicle <b>manufacturer's instruction</b>
[High]	(6) 8 through 12 years of age, and is less than 4 feet, 9 inches in height; or  8 through 12 years of age and is 4 feet, 9 inches in height or taller, but cannot be properly secured by the lap and shoulder portions of the vehicle safety belt	(A) General purpose vehicle	A belt-positioning booster seat, safety vest, or harness according to the manufacturer's instructions

Weight:	<b>If the child is...</b>	Being transported in this type of vehicle as specified in §747.5403(b) of this title (relating to What type of vehicle may I use to transport <b>children?</b> )...	Then the child must be <b>secured in...</b>
[High]	<p>(6) 8 through 12 years of age, and is less than 4 feet, 9 inches in height; or</p> <p>8 through 12 years of age and is 4 feet, 9 inches in height or taller, but cannot be properly secured by the lap and shoulder portions of the vehicle safety belt</p>	(B) Small school bus	A properly fitting safety belt anywhere the child sits in the vehicle
[High]	<p>(6) 8 through 12 years of age, and is less than 4 feet, 9 inches in height; or</p> <p>8 through 12 years of age and is 4 feet, 9 inches in height or taller, but cannot be properly secured by the lap and shoulder portions of the vehicle safety belt</p>	(C) Large school bus	A safety restraint system according to the <b>vehicle manufacturer's</b> instruction
[High]	(7) 8 through 12 years of age, can be properly secured by the lap and shoulder portions of the vehicle safety belt, and is 4 feet, 9 inches in height or taller	(A) General purpose vehicle and small school bus	A properly fitting safety belt anywhere the child sits in the vehicle



Weight:	<b>If the child is...</b>	Being transported in this type of vehicle as specified in §747.5403(b) of this title (relating to What type of vehicle may I use to transport <b>children?</b> )...	Then the child must be <b>secured in...</b>
[High]	(7) 8 through 12 years of age, can be properly secured by the lap and shoulder portions of the vehicle safety belt, and is 4 feet, 9 inches in height or taller	(B) Large school bus	A safety restraint system according to the <b>vehicle manufacturer's</b> instruction
[High]	(8) 12 through 14 years of age	(A) General purpose vehicle and small school bus	A properly fitting safety belt anywhere the child sits in the vehicle;
[High]	(8) 12 through 14 years of age	(B) Large school bus	A safety restraint system according to vehicle manufacturer's instruction.

Technical Assistance
<p>The American Academy of Pediatrics recommends that all infants and toddlers ride in a rear-facing child safety seat for as long as possible, until they reach the highest weight or height allowed by the child safety seat manufacturer.</p> <p>A safety belt is properly fitted if the lap portion of the belt fits low across the hips and pelvis and the shoulder portion fits across the middle shoulder and chest.</p> <p>Height and weight requirements for a child safety seat may vary depending on the brand of safety seat. To determine the type of safety restraint a child must use based <b>on the child's height</b> or weight, the child-care home must consult and follow the manufacturer specifications for whichever rear-facing, convertible, or forward-facing safety seat the home uses. This information can typically be found on the car seat or <b>by referencing the manufacturer's website.</b></p>

## §747.5409. Must caregivers and/or the driver wear a safety belt?

*Subchapter X, Transportation*

*April 2017*

- (a) The driver must be properly restrained by a safety belt before starting the vehicle and at all times the vehicle is in motion. [Medium-High]
- (b) All adult passengers in a vehicle transporting children, other than a large school bus, must be properly restrained by safety belts. [Medium-High]

### Technical Assistance

Studies indicate the use of restraint devices while riding in a vehicle reduces the likelihood of a passenger involved in a vehicle crash suffering serious injury or death.

## §747.5411. May parents provide the child passenger safety seat equipment required for their child?

*Subchapter X, Transportation*

*April 2017*

Parents may provide the child passenger safety seat system for use in transporting their child, if the equipment is appropriate and can be properly secured in the vehicle. You must use the **equipment according to manufacturer's** instructions. [Medium-High]

### Technical Assistance

Safety restraints are effective in reducing death and injury when they are used properly. According to the American Academy of Pediatrics, the best car safety seat is one that fits in the vehicle being used, fits the child being transported, has never been in a crash, and is used correctly every time.

## §747.5413. May I place more than one person in each safety belt?

*Subchapter X, Transportation*

*September 2003*

No. Only one person may use each safety belt. [Medium-High]

## §747.5415. May a child ride in a safety belt with a shoulder harness?

*Subchapter X, Transportation*

*September 2003*

A child may ride in a safety belt with a shoulder harness if the shoulder harness goes across the **child's chest and not across the child's face or neck. The lap belt should fit low across the child's thighs or top of the legs and not across the child's stomach area.** Never put a shoulder belt under **the child's arm or behind the child's back. If the lap belt and shoulder harness do not fit properly,** a booster seat must be used. [High]

## §747.5417. Must I carry specific information in the vehicles used to transport children in my care?

*Subchapter X, Transportation*

*April 2017*

(a) You must have the following in each vehicle you use to transport children:

- (1) A list of the children being transported [High];
- (2) Emergency medical transport and treatment authorization forms for each child being transported [High]; and
- (3) Parent's names and telephone numbers and emergency telephone numbers for each child being transported [High]; and

(b) The driver must have a current driver's license and carry it while transporting children.

[Medium-High]

### Technical Assistance

Caregivers can respond promptly in emergency situations when they have the necessary telephone numbers in the vehicle.

## 747.5419. What plan must I have to handle transportation emergencies?

*Subchapter X, Transportation*

*April 2017*

You must ensure the caregiver who is transporting a child has clear instructions for handling emergency breakdowns and accidents, including vehicle evacuation procedures, supervision of the children, and contacting emergency help. [Medium-High]

## §747.5421. Must I have a communications device in a transportation vehicle?

*Subchapter X, Transportation*

*April 2017*

Yes, in case of an emergency you must have a communications device such as a cellular phone or two-way radio when transporting a child. [Medium-High]

# Appendix I: Definitions

*Texas Administrative Code, Title 40 Social Services and Assistance Part 19, Texas Department of Family and Protective Services*

*Chapter 745, Licensing Subchapter A. Precedence and Definitions*

*Division 3, Definitions for Licensing*

## §745.21. What words must I know to understand this subchapter?

The following words and terms, when used in this chapter, have the following meanings unless the context clearly indicates otherwise:

- (1) Abuse – As defined in the Texas Family Code, §261.401(1) (relating to Agency Investigation) and §745.8557 of this title (relating to What is abuse?).
- (2) Affinity – Related by marriage as set forth in the Government Code, §573.024 (relating to Determination of Affinity).
- (3) Capacity – The maximum number of children that a permit holder may care for at one time.
- (4) Caregiver – A person whose duties include the supervision, guidance, and protection of a child or children.
- (5) Child – A person under 18 years old.
- (6) Child-care facility – An establishment subject to regulation by Licensing which provides assessment, care, training, education, custody, treatment, or supervision for a child who is not related by blood, marriage, or adoption to the owner or operator of the facility, for all or part of the 24-hour day, whether or not the establishment operates for profit or charges for its services. A child-care facility includes the people, administration, governing body, activities on or off the premises, operations, buildings, grounds, equipment, furnishings, and materials. A child-care facility does not include child-placing agencies, listed family homes, or employer-based child care.
- (7) Child day care – As defined in §745.33 of this title (relating to What is child day care?).
- (8) Child-placing agency (CPA) – A person, including an organization, other than the parents of a child who plans for the placement of or places a child in a child-care operation or adoptive home.

- (9) Children related to the caregiver – Children who are the children, grandchildren, siblings, great-grandchildren, first cousins, nieces, or nephews of the caregiver, whether by affinity or consanguinity or as the result of a relationship created by court decree.
- (10) Consanguinity – Two individuals are related to each other by consanguinity if one is a descendant of the other; or they share a common ancestor. An adopted child is considered to be related by consanguinity for this purpose. Consanguinity is defined in the Government Code, §573.022 (relating to Determination of Consanguinity).
- (11) Contiguous operations – Two or more operations that touch at a point on a common border or located in the same building.
- (12) Controlling person – As defined in §745.901 of this title (relating to Who is a controlling person at a child-care operation?).
- (13) Deficiency – Any failure to comply with a standard, rule, law, specific term of your permit, or condition of your evaluation, probation, or suspension.
- (14) Designated perpetrator – As defined in §745.731 of this title (relating to What are designated perpetrators and sustained perpetrators of child abuse or neglect?).
- (15) Division – The Licensing Division within the Texas Department of Family and Protective Services (DFPS).
- (16) Employee – Any person employed by or that contracts with the permit holder, including but not limited to caregivers, drivers, kitchen personnel, maintenance and administrative personnel, and the director.
- (17) Endanger – To expose a child to a situation where physical or mental injury to a child is likely to occur.
- (18) Exploitation – As defined in the Texas Family Code, §261.401(2) (relating to Agency Investigation).
- (19) Finding – The conclusion of an investigation or inspection indicating compliance or deficiency with one or more minimum standards or laws.
- (20) Governing body – The entity with ultimate authority and responsibility for the operation.
- (21) Governing body designee – The person named on the application as the designated representative of a governing body who is officially authorized by the governing body to speak for and act on its behalf in a specified capacity.
- (22) Household member – An individual, other than the caregiver(s), who resides in an operation.
- (23) Kindergarten age – As defined in §745.101(1) of this title (relating to What words must I know to understand this subchapter?).

- (24) Licensed administrator – As defined in §745.8905 of this title (relating to What is a licensed administrator?).
- (25) Military service member – A person who is currently serving in the armed forces of the United States, in a reserve component of the armed forces of the United States, including the National Guard, or in the state military service of any state.
- (26) Military spouse – A person married to a military service member who is currently on active duty.
- (27) Military veteran – A person who has served in the army, navy, air force, marine corps, or coast guard of the United States, or in an auxiliary service of one of those branches of the armed forces.
- (28) Minimum standards – The rules contained in Chapters 743 of this title (relating to Minimum Standards for Shelter Care), 744 of this title (relating to Minimum Standards for School-Age and Before or After-School Programs), 746 of this title (relating to Minimum Standards for Child-Care Centers), 747 of this title (relating to Minimum Standards for Child-Care Homes), 748 of this title (relating to General Residential Operations), 749 of this title (relating to Child-Placing Agencies), 750 of this title (relating to Independent Foster Homes), and Division 11 (relating to Employer-Based Child Care) of Subchapter D of this chapter (relating to Application Process), which are minimum requirements for permit holders that are enforced by DFPS to protect the health, safety and well-being of children.
- (29) Neglect – As defined in the Texas Family Code, §261.401(3) (relating to Agency Investigation) and §745.8559 of this title (relating to What is neglect?).
- (30) Operation – A person or entity offering a program that may be subject to **Licensing’s regulation. An operation includes the building and grounds where** the program is offered, any person involved in providing the program, and any equipment used in providing the program. An operation includes a child-care facility, child-placing agency, listed family home, or employer-based child care.
- (31) Parent – A person that has legal responsibility for or legal custody of a child, including the managing conservator or legal guardian.
- (32) Permit – A license, certification, registration, listing, compliance certificate, or any other written authorization granted by Licensing to operate a child-care facility, child-placing agency, listed family home, or employer-based child care. This also includes an **administrator’s** license.
- (33) Permit holder – The person or entity granted the permit.

- (34) Pre-kindergarten age – As defined in §745.101(2) of this title (relating to What words must I know to understand this subchapter?).
- (35) Program – Activities and services provided by an operation.
- (36) Regulation – The enforcement of statutes and the development and enforcement of rules, including minimum standards. Regulation includes the licensing, certifying (both state run and employer-based operations), registering, and listing of an operation or the licensing of an administrator.
- (37) Report – An expression of dissatisfaction or concern about an operation, made known to DFPS staff, that alleges a possible violation of minimum standards or the law and involves risk to a child/children in care.
- (38) Residential child care – As defined in §745.35 of this title (relating to What is residential child care?).
- (39) State Office of Administrative Hearings (SOAH) – See §745.8831 and §745.8833 of this title (relating to What is a due process hearing? and What is the purpose of a due process hearing?).
- (40) Sustained perpetrator – See §745.731 of this title (relating to What are designated perpetrators and sustained perpetrators of child abuse or neglect?).



## Appendix II, Vaccine-Preventable Diseases

This guide is intended to provide you with more information to assist in the development and implementation of a vaccine-preventable disease policy for your program.

### What must the policy for protecting children from vaccine-preventable diseases include?

Your operation is responsible for developing a policy that includes all areas addressed in §747.3411.

### How will Licensing evaluate for compliance?

Licensing will review your program's policy to ensure that it covers each of the eight required areas. Licensing staff will ensure that your operation outlines how you will maintain either written or electronic records for each employee's compliance with your policy as well as any exemptions. We will not evaluate based on the content of each policy item.

### What would be an example of how licensing will evaluate my operation's compliance with the new rule?

The new rule requires you to specify any vaccines that you have determined an employee must have based on the level of risk the employee presents. Licensing staff will review your policy to ensure you have specified any vaccines an employee must have. For example, if your policy outlines that all employees must only obtain a flu vaccine once every 12 months then we would only review compliance with the employee's requirement to obtain a flu vaccine.

### What immunizations are recommended for adults?

The Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) develops the recommendations and they are listed on the CDC website at <http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule.pdf>

## Do I have to require employees to obtain all immunizations recommended by the CDC?

No, employees at your program will only need to obtain immunizations that are required in your policy. It is up to you to determine what immunizations will be required and which employees are required to obtain them based on their level of risk as determined by their routine and direct exposure with children.

## How do I determine an employee's level of risk?

An employee's level of risk is determined by the policy you develop. The basis for determining an employee's level of risk must be outlined in your policy and must be based on the employee's routine and direct exposure to children. Items to consider when you develop policy include:

- What are the employee's primary duties?
- How closely does the employee work with children? (For example, does the employee change diapers, assist with toileting, prepare or serve food)
- How often does the employee work with children? (Regular contact vs. substitute basis)
- What are the ages of children the employee works with?

## Can an employee be exempt from immunizations that my program's policy requires?

Yes, an employee may be exempt from one or more of your program's required immunizations for:

- Medical conditions identified as contraindications or precautions by the CDC; or
- Reasons of conscience, including a religious belief.

## What procedures must an employee follow to be exempt from having a required vaccine?

Your policy must address exemption procedures an employee must follow in order for you to determine the employee's qualification of an exemption.

## What are some examples of acceptable documentation for exemptions?

- For medical conditions, acceptable documentation may include a note from the employee's health care professional providing a statement that the required vaccine is medically contraindicated or poses a significant risk to the health and well-being of the individual.
- For reasons of conscience, acceptable documentation may include a signed and dated statement from the employee that states the employee is exempt for reasons of conscience, including the person's religious beliefs.

## What are some examples of procedures that an exempt employee must follow to protect children in care from exposure to disease?

It is up to your operation to determine what and when protective procedures will be required. Examples of protective procedures include:

- Wearing gloves when handling or cleaning body fluids, such as after wiping noses, mouths, or bottoms, and tending sores;
- Specifying that an employee with open wounds and/or any injury that inhibits hand washing, such as casts, bandages, or braces, must not prepare food or have close contact with children in care;
- Wearing masks when the employee has respiratory symptoms to reduce the spread of droplets to surrounding areas;
- Wearing masks when taking care of children with respiratory symptoms;
- Removing gloves and washing hands immediately after each task to prevent cross-contamination to other children;
- Excluding the employee from direct care when the employee has signs of illness.

## How can I determine that an employee has complied with my **operation's policy**?

You must specify in your policy how you will verify that an employee has complied with your policy. This must include what written and/or electronic documentation you will accept.

Examples of documentation may include:

- Copy of the employee's current immunization record;
- Receipt that includes date a required immunization was received;

- Letter signed by a health care professional that lists the date an immunization was received;
- Documentation of exemption for medical reasons from a health care professional;
- Signed and dated statement from the employee for exemption based on a reason of conscience.

## Where can my employees get the recommended immunizations?

Individuals should start with their health care provider. Other resources in your area include pharmacies, the health department, and public or community health clinics. For a list of local health departments in Texas visit the Texas Department of State Health Services (DSHS) website at: <http://www.dshs.state.tx.us/regions/lhds.shtm>

## Are there any other resources available for employees to receive the recommended immunizations?

Yes, the Adult Safety Net program created by The Texas Department of State Health Services (DSHS) to increase access to vaccination services in Texas for uninsured adults.

## What is the Adult Safety Net program?

The Adult Safety Net (ASN) program provides vaccine purchased with public funds to participating clinics to be used for immunizing uninsured adults.

## How do I find an Adult Safety Net provider in my area?

Visit the ASN website at [www.dshs.state.tx.us/ASN](http://www.dshs.state.tx.us/ASN) and click on the search page to locate an ASN clinic near you. (Please check with the clinic before visiting to make sure they can see you.)

## Who is eligible to receive vaccinations from the ASN program?

Adults ages 19 years and older that do not have health insurance are eligible to receive ASN vaccines.

## Who is not eligible to receive ASN vaccines?

Individuals who do not qualify for ASN vaccines include:

- Adults who have Medicare, Medicaid, or any other insurance, including private insurance.

- Adults who are underinsured for adult vaccines (e.g., those who have healthcare insurance that does not cover adult vaccines).
- Individuals younger than 19 years of age.

## What vaccines are offered through the ASN program?

The following is a list of vaccines currently offered through the ASN program and a description of the diseases they prevent.

- Hepatitis B Vaccine — prevents infection of the liver by the hepatitis B virus, which can lead to liver cancer, cirrhosis of the liver, liver failure, and death.
- Hepatitis A Vaccine — prevents infection of the liver by the hepatitis A virus. Symptoms of hepatitis A include lack of energy, diarrhea, fever, nausea and jaundice (yellow color to the whites of the eyes or skin).
- Hepatitis A and Hepatitis B Combination Vaccine—see above.
- Human Papillomavirus (HPV) Vaccine — prevents infection from several strains of HPV, including those that cause genital warts and several types of cancer, such as cervical, anal, penile, and throat cancer.
- Measles/Mumps/Rubella (MMR) Vaccine — prevents infection from the measles virus, which can lead to rash, ear infection, brain damage, and death. Prevents infection from the mumps virus, which can cause fever, swollen glands, headache, and can lead to deafness and meningitis. Prevents infection from rubella virus, which can cause rash, arthritis, and miscarriage in pregnant women.
- Pneumococcal Polysaccharide (PPSV23) Vaccine — prevents infection by the *Streptococcus pneumoniae* bacterium, which is one of the most common causes of severe pneumonia and can lead to other types of infections, such as ear infections, sinus infections, meningitis (infection of the lining of the brain and spinal cord), and blood stream infections (bacteremia).
- Tetanus, Diphtheria, and Pertussis (Tdap) Vaccine — prevents tetanus, which can cause muscle spasms, lockjaw, paralysis, and death. Prevents diphtheria, which can cause suffocation and heart failure. Prevents pertussis (known as “**whooping cough**”), which can cause severe coughing that can lead to rib fractures, pneumonia, and death. The CDC recommends\* one dose for all pregnant women during every pregnancy and all other adults who have not yet received Tdap vaccination, especially those who come in contact with infants.
- Tetanus and Diphtheria (Td) Vaccine — similar to Tdap vaccine (see above), but protects against tetanus and diphtheria only, without the pertussis component.

## If I qualify for ASN vaccine, do I have to pay anything?

ASN vaccines are supplied to participating medical providers at no cost. This means that ASN providers cannot charge a fee for the vaccine itself. However, providers are allowed to charge an administration fee of up to \$25 for each vaccine that is administered. Although ASN providers may charge this administration fee, they cannot deny the vaccine because of an inability to pay it.